



NEWCASTLE SEXUAL HEALTH NEEDS ASSESSMENT

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PUBLIC HEALTH TEAM
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GLOSSARY

Acronym	Definition	Acronym	Definition
BASHH	British Association of Sexual Health and HIV	LSOA	Lower Super Output Area
BHIVA	British HIV Association	MEDFASH	Medical Foundation for Sexual Health and HIV
BME	Black and Minority Ethnic	MESMAC	Men who have sex with Men Action in the Community
BPAS	British Pregnancy Advisory Service	MSM	Men who have sex with Men
CASH	Contraception and Sexual Health	NCRS	National Crime Recording Standard
C-Card	Condom Card	NCSP	National Chlamydia Screening Programme
CCG	Clinical Commissioning Group	NHS	National Health Service
CTAD	Chlamydia Testing Activity Dataset	NICE	National Institute for Health and Care Excellence
DoH	Department of Health	NUTHFT	Newcastle upon Tyne Hospitals Foundation Trust
EHC	Emergency Hormonal Contraception	ONS	Office for National Statistics
FSRH	Faculty of Sexual and Reproductive Health	PHE	Public Health England
GMS	General Medical Services	PHOF	Public Health Outcomes Framework
GP	General Practitioner	PMS	Pre-menstrual Syndrome
GUM	Genitourinary Medicine	PMS	Personal Medical Services
GUMCAD	Genitourinary Medicine Clinic Activity Dataset	RCOG	Royal College of Gynaecologists
HIV	Human Immunodeficiency Virus	RVI	Royal Victoria Infirmary
HNA	Health Needs Assessment	SARC	Sexual Assault Referral Centre
HSCIC	Health and Social Care Information Centre	SOPHID	Survey of Prevalent HIV Infections Diagnosed
IMD	Index of Multiple Deprivation	SRH	Sexual and Reproductive Health
IUCD	Intrauterine Contraceptive Device	SRHAD	Sexual and Reproductive Health Activity Dataset
IUD	Intrauterine Device	STI	Sexually Transmitted Infection
IUS	Intrauterine System	VCS	Voluntary and Community Sector
LARC	Long Acting Reversible Contraception	WEYES	West End Youth Enquiry Service
LASER	Local Authority HIV, sexual and reproductive health epidemiology report	WHO	World Health Organisation
LGBT	Lesbian, gay, bisexual and transgender		

EXECUTIVE SUMMARY

Since the 1st of April 2013 local authorities have had a new responsibility for the public health of the population. This includes the provision of comprehensive and open access sexual health services which are mandated by the Health and Social Care Act 2012.

A sexual health needs assessment offers a strategic review of sexual health needs, current service provision and delivery in order to improve the sexual health of the population. This process is important in understanding the needs of the population in Newcastle in order to improve the health through the provision and commissioning of effective and efficient sexual health services. A rapid health needs assessment was undertaken in April 2016 with a focus on services delivered or commissioned by Newcastle City Council. The information used for the assessment includes routinely available epidemiological information from a wide variety of sources and service information. It has been updated with stakeholder views following the consultation in May/June 2016.

The results of this health needs assessment will inform commissioning decisions and influence future service configuration and development for the population as a whole but with a particular focus on access to services for vulnerable groups, such as young people and those most at risk of poor sexual health.

The main results of the needs assessment were:

1. Sexual health services in Newcastle are viewed as being good and are valued by both service users and stakeholders, with a range of providers enabling good choice and targeted support
2. Whilst population statistics project an increase in the overall population of Newcastle in the next decade, the proportion of young people are likely to decline. It is unlikely however that this will lead to a decrease in demand for sexual health services, as STIs in Newcastle continue to contribute a significant burden of disease, with Newcastle having the highest rates across the North East and within the top 20% nationally
3. The population structure is heavily skewed by the 20-24 year old population which could be influenced by the large student population within the city. The BME population is line with the national average, but higher than other areas within the region. There are also areas of significant deprivation within the city
4. There were 3,415 new STIs diagnosed in residents of Newcastle during 2014, a rate of 1190.6 per 100,000 (England: 797.2 per 100,000)
 - a. Young people aged 15-24 years old experience the highest rates of new STIs (68% of all new STI diagnoses in Newcastle). They are also more likely to become re-infected with an STI within the following 12 month period of initial diagnosis (13.2% of 15-19 year old women and 13.6% of 15-19 year old men)
 - b. 18% of new STI diagnoses were in men who have sex with men, increasing from 13% in 2010
 - c. 14.2% of new STI diagnoses were in people born overseas. Where ethnicity was known, 80% of new diagnoses were in those who were White British
 - d. Strong positive correlation between rates of new STIs and deprivation. The proportion of new STIs are highest in the most deprived areas of Newcastle (33.6%) compared to the least deprived (15.2%)
 - e. HIV prevalence is rising, in 2014, the diagnosed prevalence rate in Newcastle was 2.0 per 1000 (aged 15-59 years), compared to 1.88 in 2012. This rate remains the highest in the North East, but is not significantly different to the England average of 2.2 per 1000. 40.5% of diagnoses were made at a late stage of infection

5. Conception rates in Newcastle are below the national and regional averages and have declined since 2009. Teenage conceptions rates in England have declined significantly since 1998, a trend that is also seen in Newcastle, with a narrowing of the gap between the Newcastle and England rate. There is however significant variation across the city, with higher rates in more deprived areas. 22% of overall conceptions lead to abortion, with higher rates seen in under 16s (50%)
6. Sexual health services are provided by the integrated sexual health service at the Newcroft Centre in Newcastle and via primary care which includes GP's and pharmacies alongside the voluntary sector. This includes sexual health screening and testing, treatment, advice and provision of a wide range of contraceptive services, alongside outreach and dedicated sessions for young people
7. Contacts for sexual and reproductive health (SRH) services are higher than the regional and national average, with 10% of the overall female population accessing services during 2014/15. Of all contacts, 83% were female, with access most common amongst young females aged 16-24 years. 30% of attendees to sexual health services in Newcastle reside outside of the area
8. The majority of contacts with SRH services were for contraception (69%), followed by sexual health advice, pregnancy related services and cervical screening. The use of LARC (40%) within Newcastle is higher than average, with 60% relying on user dependent methods
9. Provision of Emergency Hormonal Contraception (EHC) via pharmacy shows an increasing trend over the last 3 years, with 16-24 years old being most likely to access this service. Rates of under 16s accessing EHC is approximately double that of the national average
10. Sexual offences recorded by the police have seen a 43% increase, however this is in the context of an improvement in police response and high profile enquiries into historical offences

The following recommendations are based on the findings of the health needs assessment and the consultation with stakeholders carried out in May and June 2016. These findings will inform the future commissioning of sexual health services in Newcastle:

1. Considering the high level of STIs and teenage pregnancies in Newcastle a continued high level of demand for sexual health services should be expected over the coming years
2. Any service development should take place with a particular focus on the needs of young people, people living in deprived areas, ethnic minority populations and vulnerable groups
3. Sexual health service provision should include extended opening times particularly in services with high demand and a review of the utilisation, accessibility, target groups and local need for spoke clinics and outreach across the city to achieve an equitable and accessible service meeting the needs of the local population
4. The service should be widely promoted through a variety of means, including greater use of technology, in particular the use of the web and social media
5. Development of a provider led sexual health network across Newcastle to ensure communication and cooperation between all providers of sexual health services

INTRODUCTION

Good sexual health is important to individuals, but it is also a key public health issue. The Framework for Sexual Health Improvement in England was published in 2013 by the Department of Health and takes a life course approach to improving sexual health. The aim of the framework is for people to stay healthy, know how to protect their sexual health and to know how to access appropriate services and interventions when they need them.

Currently work in Newcastle has been guided by the current working definition of sexual health from the World Health Organisation:

“...a state of physical, emotional, mental and social well-being in relation to sexuality; it is not merely the absence of disease, dysfunction or infirmity. Sexual health requires a positive and respectful approach to sexuality and sexual relationships, as well as the possibility of having pleasurable and safe sexual experiences, free of coercion, discrimination and violence. For sexual health to be attained and maintained, the sexual rights of all persons must be respected, protected and fulfilled.” (WHO, 2006)

Achieving good sexual health is complex as there are many factors that impact on an individual’s health and that of specific groups. The Framework for Sexual Health Improvement recommends that there is a need for collaboration and integration between a ranges of organisations in order to achieve desired outcomes.

Nationally, regionally and locally progress has been made in improving sexual health, but inequalities persist with certain groups in the population suffering from poorer sexual health.

AIMS

This sexual health needs assessment aims to offer a strategic overview of sexual health needs, current services and delivery in Newcastle in order to improve the sexual health of the population and to inform commissioning decisions to ensure high quality, comprehensive and equitable service delivery. The results of the needs assessment will influence future service configuration and development as part of our review and competitive tendering process of our sexual health services.

OBJECTIVES

The objectives of this health needs assessment are to:

- Summarise national guidance and best practice relating to sexual health services
- Provide an overview of socio-demographics and population of Newcastle
- Describe the sexual and reproductive health of the population by looking at key indicators and trends in order to understand the local burden of disease
- Describe the current provision of sexual health promotion, prevention and treatment services assessing service performance and service delivery, identifying any gaps between sexual health needs and service provision
- Provide recommendations to address any gaps in service and current unmet needs

BACKGROUND

Since April 2013, local authorities have been responsible for the commissioning of public health programmes to support the health of the local population.

As a result of the Health and Social Care Act of 2012, local authorities became responsible for the commissioning of comprehensive sexual health services. The act requires local authorities to provide, or make arrangements to secure the provision of open access sexual health services in their area. These include:

1. Contraception (including the costs of LARC devices and prescription or supply of other methods including condoms) and advice on preventing unintended pregnancies, in specialist services and those commissioned from Primary Care (GP's and community pharmacy) under local public health contracts.
2. Sexually transmitted infection (STI) testing and treatment in specialist services and those commissioned from primary care under local public health contracts, Chlamydia screening as part of the National Chlamydia Screening Programme (NCSP) HIV testing and partner notification for STI's and HIV.
3. Sexual Health aspects of psychosexual counselling
4. Specialised sexual health services including young people sexual health services, outreach, HIV prevention and sexual health promotion, service publicity services in schools colleges and pharmacies.

GP contraceptive services and HIV treatment and care are now commissioned by NHS England via the Area Team, and termination services by Newcastle Gateshead Clinical Commissioning Group. NHS England are also responsible for the commissioning of a sexual assault referral service.

In 2015/16, the public health grant that local authorities receive from the Department of Health was cut by £200 million nationally. In February 2016, the Department of Health confirmed that public health grant allocations will continue to face further reductions, reducing by an average of 3.9% every year in real terms until 2020. In publishing public health allocations for the next two years, government figures show that local authorities will receive £77m less in 2016/17, with a further cut of £83m in 2017/18. These cuts are additional to the £200m in year cut applied by government in 2015/16.

In light of these challenges, we are reviewing sexual health services in the city in order to ensure that services are able to meet the needs of the population including the needs of specific groups and individuals who may be at risk of poorer sexual health through more targeted services.

NATIONAL DRIVERS ON SEXUAL HEALTH

Sexual health is an important and wide-ranging area of public health. Having the correct sexual health interventions and services can have a positive effect on population health and wellbeing as well as individuals at risk

The Government set out its ambitions for improving sexual health over an individual's life course in its publication - A Framework for Sexual Health Improvement in England (2013) ('the Framework'). The Framework identifies the differing needs of men and women and of different groups in society.

Sexual ill health is not equally distributed within the population. Strong links exist between deprivation and sexually transmitted infections (STIs), teenage conceptions and abortions, with the highest burden borne by women, men who have sex with men (MSM), teenagers, young adults, sex workers and BME (Black and Minority Ethnic) groups. Similarly, HIV infection in the UK disproportionately affects MSM and Black Africans. Some groups at higher risk of poor sexual health face stigma and discrimination, which can influence their ability to access services.

The Public Health Outcomes Framework (2012) contains three specific indicators for sexual health:

- Under 18 conceptions
- Chlamydia diagnoses in the 15-24 age group
- Late diagnosis of HIV

Nationally, significant progress has already been made in improving sexual health, including:

- Access to specialist genitourinary medicine (GUM) services has improved by promoting rapid access to accessible services
- Teenage pregnancy rates have fallen to their lowest levels since records began (Office for National Statistics, 2016)

- The use of more effective long-acting methods of contraception has increased
- Access to services has been improved through the expansion and integration of service delivery outside of specialist services, particularly in the community and general practice

Despite the significant progress, the Department of Health, in their Framework for Sexual Health in England (2013), highlight there are still improvements to be made:

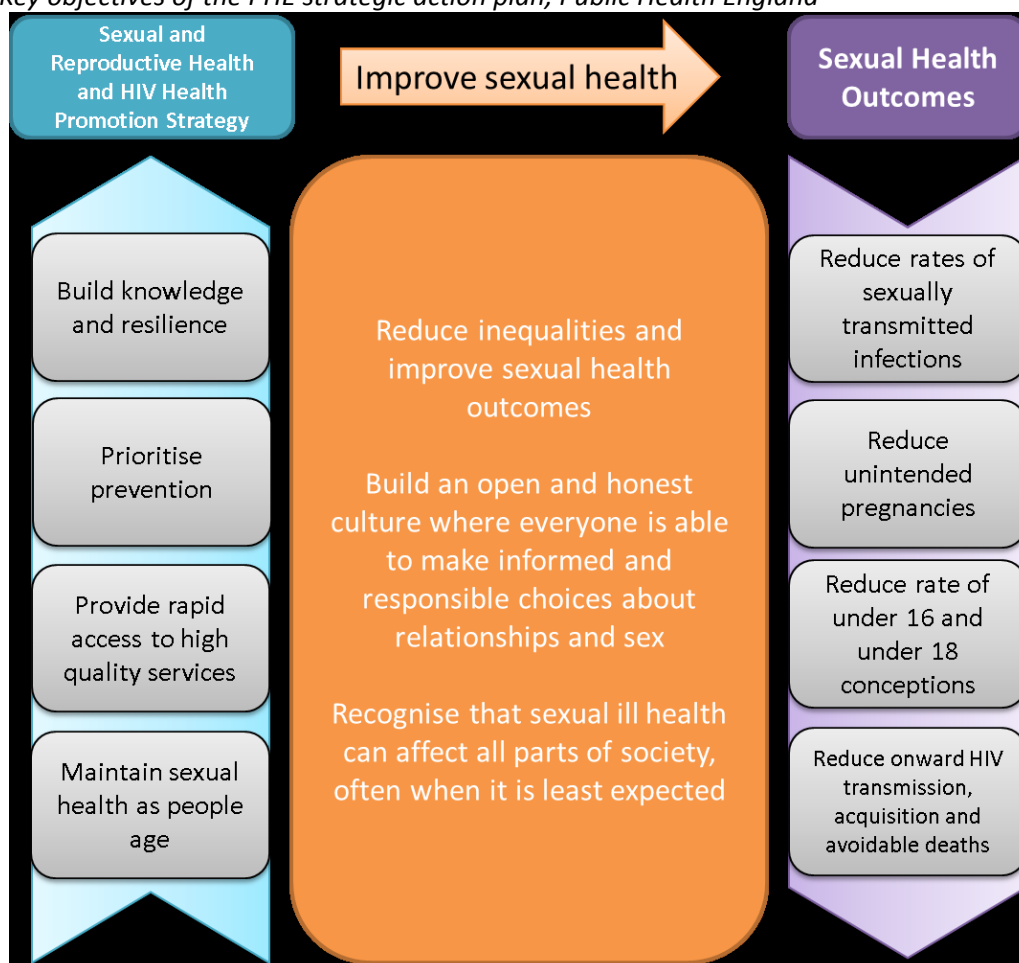
- Up to 50% of pregnancies are unplanned
- Rates of infectious syphilis are at their highest since the 1950s
- Gonorrhoea is becoming more difficult to treat
- Almost half of adults newly diagnosed with HIV were diagnosed after the point at which they should have started treatment
- In 2010, England was in the bottom third of 43 countries in the World Health Organisation's European Region and North America for condom use among sexually active young people; previously, England was in the top ten

In December 2015 Public Health England (PHE) published a strategic action plan for health promotion for sexual and reproductive health and HIV. This plan identified the following as health promotion activities:

- Reduce onward HIV transmission, acquisition and avoidable deaths
- Reduce rates of sexually transmitted infections
- Reduce unplanned pregnancies
- Reduce rate of under 16 and under 18 conceptions

The figure below describes how the priorities in the Framework for Sexual Health Improvement underpin PHE's strategic action plan for sexual and reproductive health and HIV.

Figure 1: Key objectives of the PHE strategic action plan, Public Health England



SERVICE DELIVERY

Sexual health service delivery has changed over time as historically services were disjointed and fragmented. Service users had to go to a separate clinic for genitourinary medicine (GUM) services – STI screening and to a family planning clinic for contraception services. In 2001 the DoH published the first national strategy for Sexual health and HIV which set a vision for integrated sexual health services.

Since then, more recent documents such as the Framework for Sexual Health Improvement (DoH 2013) have reiterated the need for a fully integrated sexual health service.

The provision of integrated sexual health services is supported currently by accredited training programmes and guidance from relevant professional bodies including the Faculty of Sexual and Reproductive Health (FSRH), The British Association of Sexual Health and HIV (BASHH), British HIV Association (BHIVA), Medical Foundation for Sexual Health and HIV (MEDFASH), Royal College of Gynaecologists (RCOG) and The National Institute for Health and Care Excellence (NICE.) There is no one definition of an integrated sexual health service, but there is recognition of a three tier model of service delivery.

1. Level one: Universal and core services, includes a large amount of non-specialist sexual health promotion work undertaken in primary care, community settings and outreach
2. Level two: Provided mostly by the hub and integrated model of CASH and GUM and spoke services e.g. GP's offering enhanced services
3. Level three: CASH and GUM and other Complex/High level specialist services

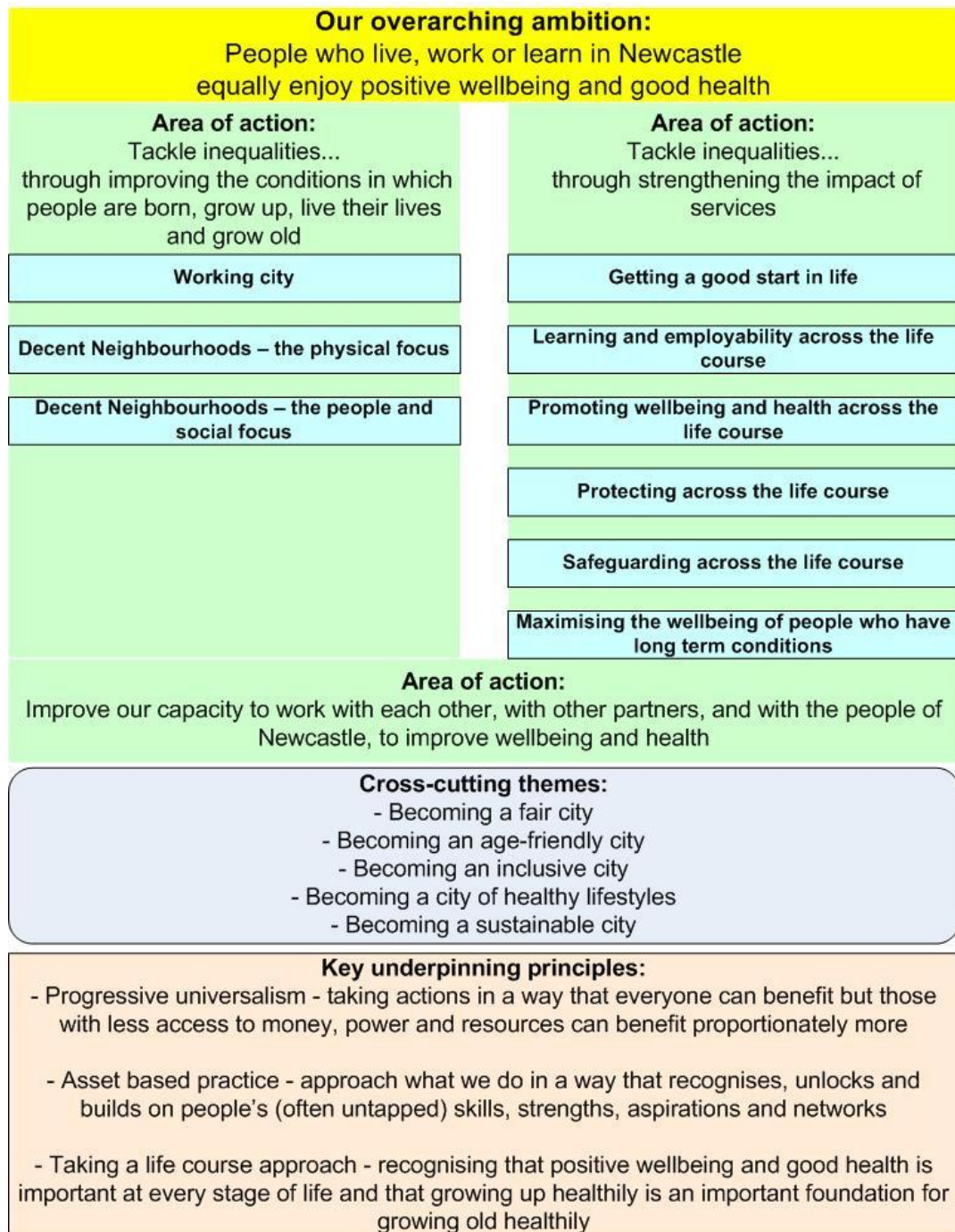
These three levels form an integrated service model. Operationally service delivery is not discreet and there is much cross over working between the tiers. This model of delivery is also specified in the DoH national service specification for sexual health.

LOCAL POLICY CONTEXT

The vision of the Newcastle Wellbeing for Life Strategy is for anyone living, working or learning in Newcastle being able to fulfil their potential by enjoying good health and wellbeing.

The figure below sets out the overarching ambitions of the strategy and the key actions that underpin this ambition. The delivery of sexual health services will contribute to the Wellbeing for Life ambition by preventing sexual ill health and unintended pregnancies. Services will be focused on people who already experience inequalities associated with their age, gender, ethnicity, sexuality, disability and economic status.

Figure 2: Summary of the Newcastle Wellbeing for Life Strategy, Newcastle Wellbeing for Life Board



METHODOLOGY

Health needs assessments (HNA) are best described as a systematic method for reviewing the health issues facing a population, leading to agreed priorities and resource allocation that will improve health and reduce inequalities (NICE, 2004). The following sections review needs and maps current service provision to identify any gaps or barriers to access. The results of the health needs assessment will influence future service configuration and development as part of our review and competitive tendering process of our sexual health services.

Due to time and resource constraints, the approach for this HNA is a rapid HNA, based on routinely available epidemiological information, service provision and performance data. Stakeholder, service user

and public consultation will be undertaken alongside this process and will be incorporated into the needs assessment once completed. Data presented are the most recent available at the time of publication.

SOCIO-DEMOGRAPHICS

POPULATION

The population of Newcastle is estimated at 289,385 as at the 2014 mid-year estimate. The population pyramid shown in figure 3 and table 1 highlights the age structure of the population, which illustrates a much greater proportion of those under 25 years (37%), which is largely influenced by high numbers of 20-24 year olds (14%) which could account for large student numbers within the city. The working age population (16-64 years) accounts for 68%, with the over-65s at 14%.

Projections to 2024 estimate an increase in the overall population to 292,241, or by 1%. Within this increase, the key groups include a projected 4% increase in males compared to a 1.4% increase in females. There is also an aging population across the city, with the over-65 population estimated to increase by 18%. 0-19 year olds are also likely to increase by an estimated 4.3%, whilst the working age population (16-64 years) is projected to decrease by 1.5%.

Figure 3: Mid-year 2014 Population Estimate, Office for National Statistics

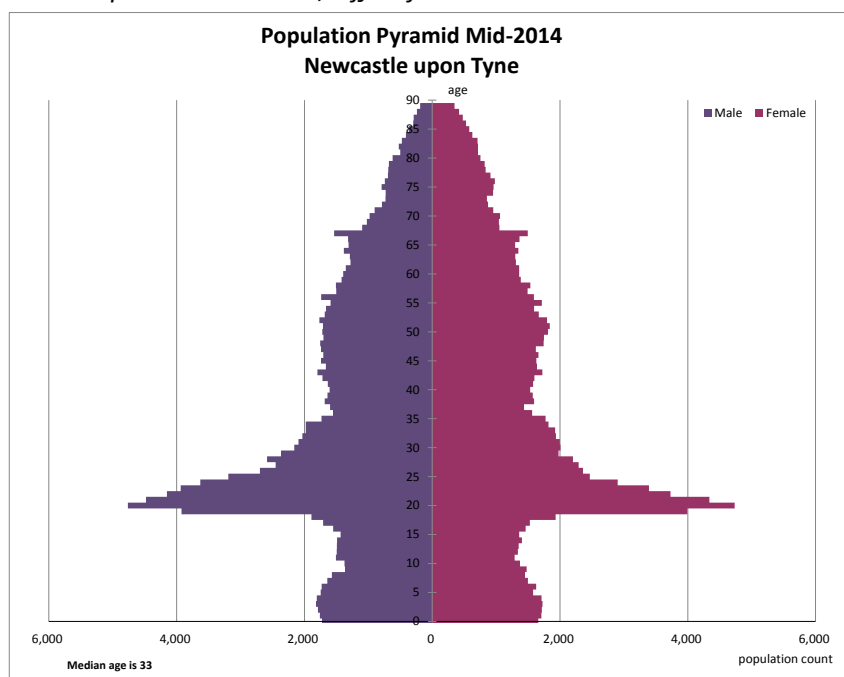


Table 1: Population by age structure 2014 & 2024 projection, Office for National Statistics

	2014 (N)	2014 (%)	2024 (N)	2024 (%)	% Change 2014-2024
<10 years	33,103	11.4%	36,227	12.4%	9.4%
10-14 years	14,116	4.9%	16,102	5.5%	14.1%
15-24 years	60,840	20.1%	54,275	18.6%	-10.8%
15-44 years	138,002	47.6%	132,458	45.3%	-4.0%
>44 years	104,614	36.1%	113,995	39.0%	9.0%
Total	289,835	-	292,241	-	1.0%

GENDER

The proportion of male and female residents in Newcastle is slightly out of line with the national and regional distribution, with an even split of males (50.4%) and females (49.6%). Nationally there are more females than males.

ETHNICITY

The proportion of residents of non-white ethnicity in Newcastle is 14.5%, which is line with the English average of 14%. The key non-white ethnic group is Asian / Asian British (9.7%).

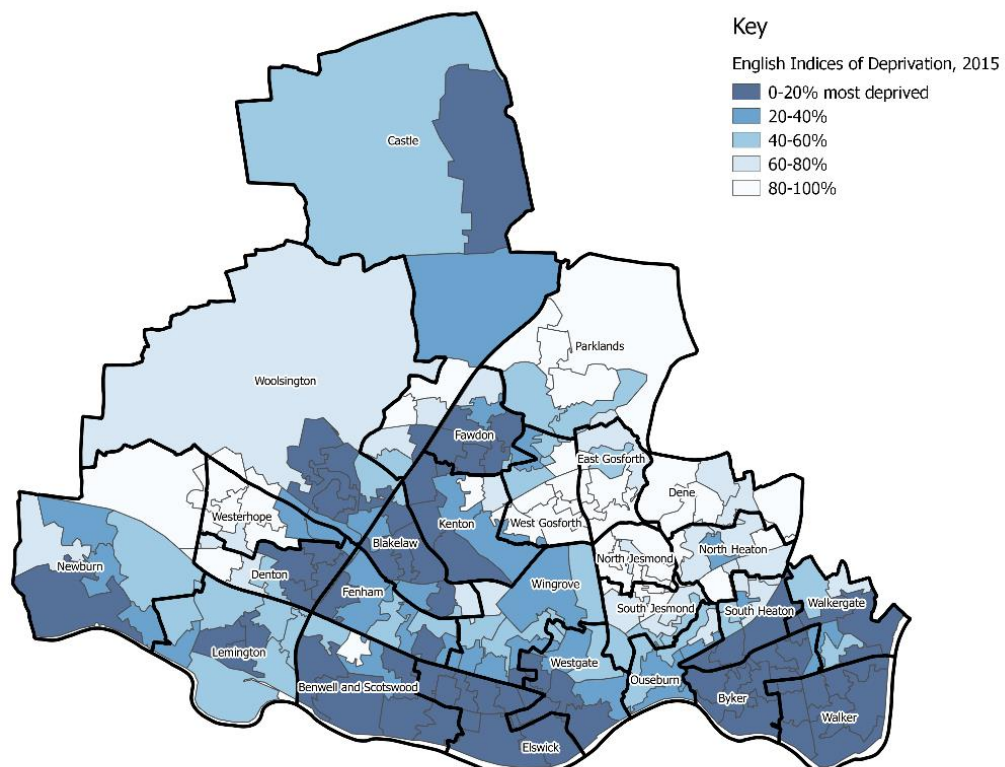
Table 2: Ethnic group, Census 2011

Ethnic Group	
White	85.5%
Mixed/multiple ethnic groups	1.5%
Asian/Asian British	9.7%
Black/African/Caribbean/Black British	1.8%
Other ethnic group	1.5%

SOCIO-ECONOMIC STATUS

Newcastle, like other local authorities within the North East generally has high levels of deprivation. Despite this, there are areas of high deprivation alongside areas of affluence within the city. The map below (figure 4) shows the ranking of lower super output areas (LSOA) within Newcastle compared to national deprivation levels. This illustrates that nearly a quarter of LSOAs in Newcastle are amongst the 20% most deprived within the whole of England, whilst 11% are amongst the most affluent in England. The most deprived areas tend to be within and to the East and West ends of the city centre.

Figure 4: 2015 Index of Multiple Deprivation, Department for Communities and Local Government



Summary: Socio-Demographics

- The population of Newcastle is estimated at 289,385 as at the 2014 mid-year estimate and this is projected to increase to 292,241 by 2024
- The 15-24 year old population accounts for 20% of the overall population (60,840), 15-44 year old population accounts for 47.6% of the overall population (138,002). Both of these populations are expected to decline by 2024, however there will be an increase in the 45+ and the 10-14 year old population (by 9% and 14% respectively)
- The population structure is heavily skewed by the 20-24 year old population which could be influenced by the large student population within the city
- The gender split is 50:50, which is slightly out of line with the regional and national average where there are more females than males
- The BME population in Newcastle is 14.5% which is in line with the national average. The key non-white ethnic group is Asian / Asian-British (9.7%)
- Newcastle has high levels of deprivation, and is the 53rd most deprived local authority in England. Nearly a quarter of LSOAs within the city are amongst the 20% most deprived in the whole of England, whilst 11% of LSOAs are amongst the most affluent in England. The more deprived areas tend to be within the East and West ends of the city centre.

SEXUALLY TRANSMITTED INFECTIONS (STI)

Note: the data in this section primarily come from two sources: Newcastle upon Tyne LASER Report 2014 and North East Annual STI Report 2015, produced by Public Health England. These reports use a variety of data sources such as GUMCAD, CTAD, SOPHID and SRHAD¹. These collect diagnosis and testing data from a range of GUM and community services across the country, alongside notifications of disease and utilisation of sexual and reproductive health services. Data may be presented based on local authority of residence (Newcastle upon Tyne) which includes all diagnoses and testing where the patient is resident regardless of where in the country they are tested. Secondly clinic based data (Newcroft Centre) presents all diagnoses and testing recorded from a specific clinic, for all patients attending regardless of where the person resides.

Over the past decade, diagnoses of chlamydia, gonorrhoea, syphilis, genital warts and herpes have increased considerably in England. More STI testing in genitourinary (GUM) services and via the National Chlamydia Screening Programme (NCSP), alongside routine use of more sensitive diagnostics tests can partially explain these increases, however ongoing unsafe sexual behaviour will also have played a role. The burden of STIs continues to be greatest in young people, men who have sex with men (MSM) and black ethnic minorities. The highest rates of STI diagnoses in England are in young people age 15-24 years of age. As STIs are often asymptomatic, frequent testing of risk groups is important. Early detection and treatment can reduce important long term consequences such as fertility and ectopic pregnancy.

3,415 new STIs were diagnosed in residents of Newcastle during 2014, an increase of 15 compared to 2013. Of the 3415 new diagnoses, 1605 were in male and 1809 in female patients. Compared to other local authorities in England, Newcastle ranks within the top 20% of areas nationally with the highest burden of disease. It should be noted that where high rates of gonorrhoea and syphilis are seen within a population, this reflects high levels of risky sexual behaviour. Table 3 provides a further breakdown as to the types of new acute STI diagnoses during 2014.

¹ Genitourinary Medicine Clinic Activity Dataset (GUMCAD), Chlamydia Testing Activity Dataset (CTAD), Survey of Prevalent HIV Infections Diagnosed (SOPHID), Sexual and Reproductive Health Services (SRHAD).

Table 3: Rates per 100,000 population of new STIs in Newcastle and England 2013-2014, PHE LASER Report 2014

Diagnoses	2013 Rate	2014 Rate	% Change 2013-2014	2014 England Rate	Rank within England 2014*
New STIs	1184.7	1190.6	0.5	797.2	-
New STIs (excl. Chlamydia aged 15-24)	946.8	978.3	3.3	828.7	42
Chlamydia	654.1	638.0	-2.5	374.9	
Gonorrhoea	81.9	93.1	13.7	63.3	28
Syphilis	10.5	11.5	9.5	7.8	25
Genital Warts	246.1	239.9	-2.5	128.4	6
Genital Herpes	76.4	84.0	9.9	57.8	30

* Rank of 326 local authorities within England, 1st rank has the highest rate.

Reinfection with an STI is a marker of persistent risky behaviour. In Newcastle an estimated 7.8% of women and 10.5% of men presenting with a new STI at a GUM clinic during the five year period 2010-2014 became re-infected with a new STI within 12 months. This compares to 7% of women and 9% of men nationally.

CHLAMYDIA

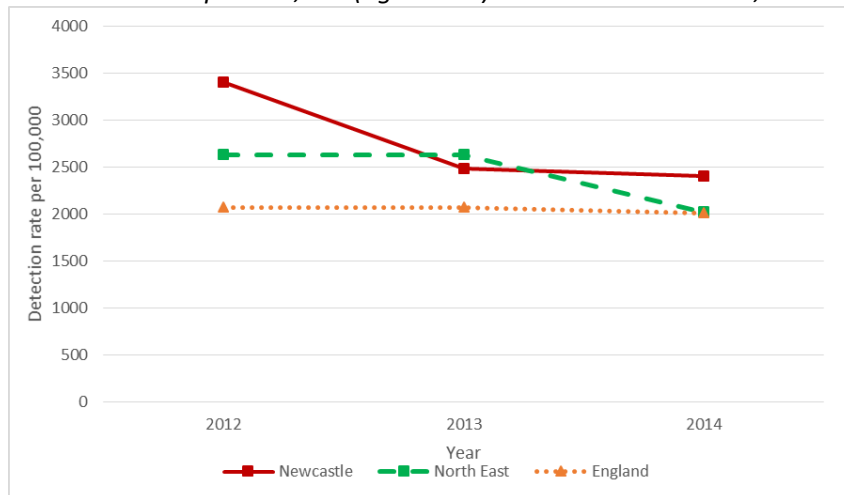
Chlamydia remains the most common STI in the region, with over 5,600 cases during 2014, with similar rates compared to 2013. Much effort has been focussed on tackling chlamydia over recent years, with the roll-out of the National Chlamydia Screening Programme (NCSP). The impact of chlamydia screening is measured both by diagnosis rate to take into account the number of young people screened and the proportion of positive diagnoses made from these screens. The local authority with the highest rate of chlamydia diagnoses by local authority of residence in 2014 was Newcastle at 395 per 100,000, an increase of 5% compared to the previous year (1,145 actual cases).

The ratio of male to female cases was 0.9 in 2014 across the North East, similar to previous years. Where information was complete, 41% of females and 43% males diagnosed were aged 20-24 years. Rates are also increasing in attendees at the Newcroft Centre amongst men who have sex with men (19% in 2014 compared to 13% in 2013). The highest proportion of positive tests for chlamydia were seen within residents of Newcastle living in the most deprived parts of the city (10.6%) compared to the least deprived (8.0%). However the actual rate of cases per 100,000 reverses, with higher rates seen in least deprived areas (404) compared to the most deprived (224).

Tests for chlamydia have significantly increased across the region, compared to 2013, however this comes with a significant decrease in positivity rates also evident. The Newcroft Centre has a positivity rate of 8.42% compared to 8.69% across the North East. 7.1% of cases in Newcroft Centre during 2014 had a previous infection in the preceding 12 months. This is higher than North East average of 5.5%.

Data from the NCSP via the Chlamydia Testing Activity Dataset (CTAD) combines both NHS GUM clinic data alongside local authority commissioned community services for those aged 15-24 years. This shows that Newcastle achieved above the recommended PHE chlamydia diagnosis rate (target 2,300 per 100,000) of 2,409 per 100,000 in 2014 (figure 5). 32% of the 15-24 year old population were screened across the city, with an overall positivity rate of 7.6% compared to the England average at 8.3%. More tests were reported in non-GUM settings (57%) than GUM, however there was a higher positivity rate in GUM settings (10.8% vs 5.3%).

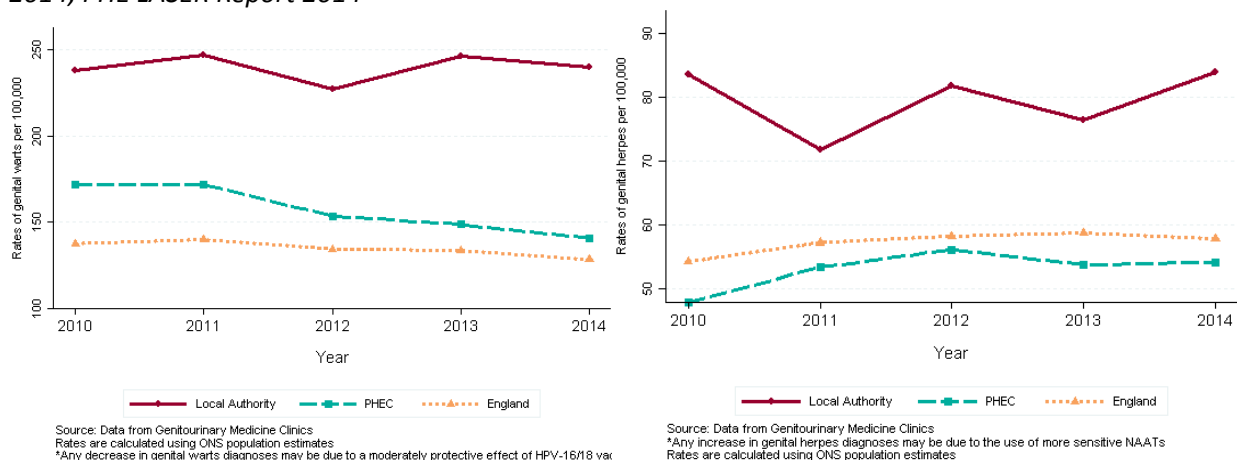
Figure 5: Chlamydia detection rate per 100,000 (age 15-24) Newcastle 2012-2014, PHE PHOF 3.02



GENITAL WARTS & HERPES

The number of genital warts cases across the North East appear to be decreasing in line with increasing uptake of the HPV vaccination, although, along with genital herpes continues to present a significant burden of STI. The local authority with the highest rate of first episode genital warts in 2014 was Newcastle (247 per 100,000). Cases of genital herpes remains similar to previous years across the North East, with Newcastle again seeing the highest rate of first episode genital herpes in 2014 (86 per 100,000). This equates to 688 cases of genital warts and 241 cases of genital herpes during 2014 (figure 6).

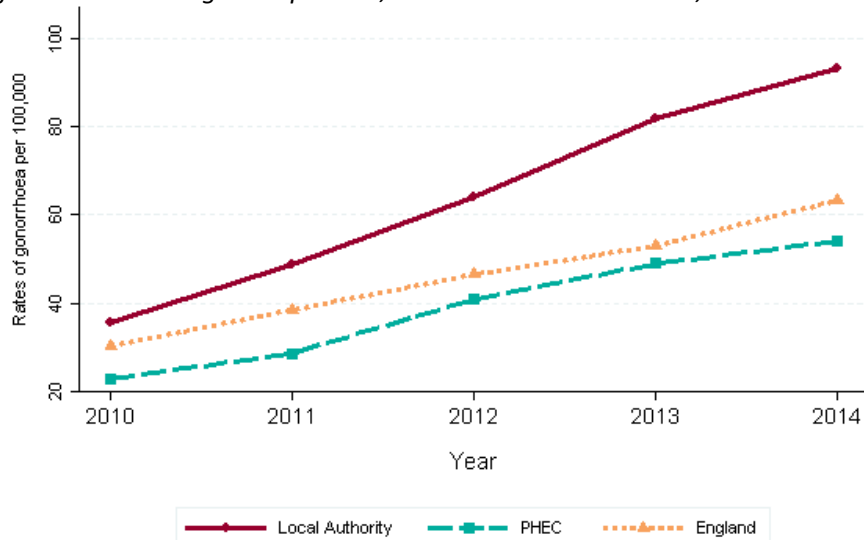
Figure 6: Rates of genital warts (left) and genital herpes (right) diagnoses per 100,000 Newcastle 2010-2014, PHE LASER Report 2014



GONORRHOEA

The number of gonorrhoea cases in the North East rose by 11% between 2013 and 2014, with the highest rate of diagnoses by local authority of residence reported in Newcastle (93 per 100,000), which had increased by 14% over the same period (table 3 and figure 7). This equates to 267 cases during 2014. Local outbreaks in Northumberland, Newcastle and South of Tyne have shown transmission between young heterosexual adults which is in contrast to previous outbreaks in the region and elsewhere. Dual testing via the National Chlamydia Screening Programme (NCSP) has also proven successful in identifying asymptomatic cases.

Figure 7: Rates of Gonorrhoea diagnoses per 100,000 Newcastle 2010-2014, PHE LASER Report 2014



Source: Data from Genitourinary Medicine Clinics
 *Any increase in gonorrhoea diagnoses may be due to the increased use of highly sensitive Nucleic Acid Amplification Tests (NAATs) and additional screening of extra-genital sites in MSM
 Rates are calculated using ONS population estimates

There were 1.3 times the number of male to female cases in 2014 within the North East. The excess in males has been decreasing since 2005, when there were 3 times as many male cases compared to female cases. Over 57% of male gonorrhoea cases seen within the Newcroft Centre in Newcastle were in men who have sex with men. The highest rates in the North of Tyne were seen in 16-19 (38%) and 20-24 (39%) year old females whilst higher rates were in 20-24 (40%) and 25-34 (31%) year old males.

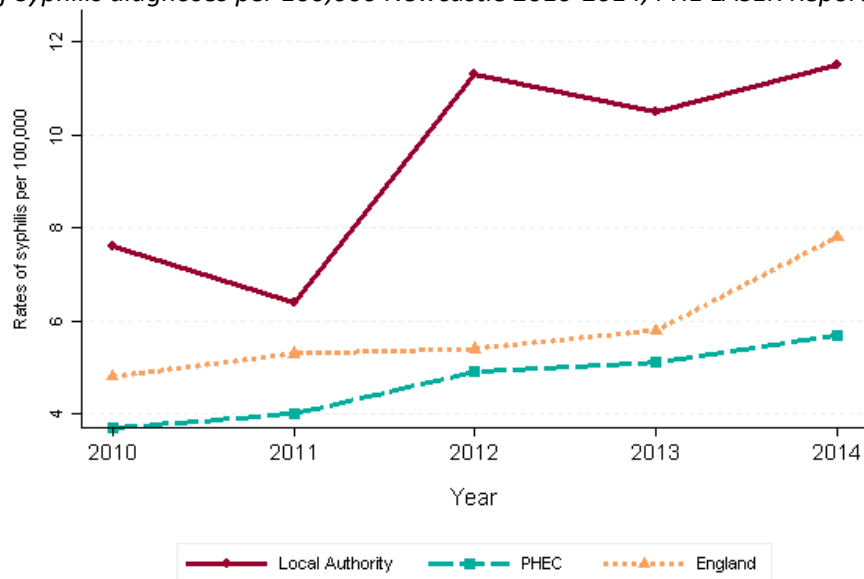
The highest proportion of positive tests for gonorrhoea were seen within residents of Newcastle living in the most deprived parts of the city (2.09%) compared to the least deprived (0.84%).

Tests for gonorrhoea have significantly increased across the region, compared to 2013 with an increase in positivity rates also evident. The Newcroft Centre has a positivity rate of 2.23% compared to 2.18% across the North East. 4.5% of cases in Newcroft Centre during 2014 had a previous infection in the preceding 12 months. This is higher than North East average of 3.8%.

SYPHILIS

The number of syphilis cases (primary, secondary and early latent) diagnosed in the North East increased by 13% between 2013 and 2014, with the highest rate of diagnoses by local authority of residence reported in Newcastle (11 per 100,000), which had increased by 10% over the same period (table 3 and figure 8). This equates to 33 cases during 2014.

Figure 8: Rates of Syphilis diagnoses per 100,000 Newcastle 2010-2014, PHE LASER Report 2014



Source: Data from Genitourinary Medicine Clinics
Rates are calculated using ONS population estimates

There were 6 times the number of male to female cases in the North East, the highest ratio since 2006. This is due to a 40% increase in the number of male diagnoses compared to the previous year, and a decline in the female rate. Over 80% of male syphilis cases seen at the Newcroft Centre were in men who have sex with men. The highest rates in the North of Tyne were seen in 25-34 (66%) year old females whilst higher rates were in 20-24 (36%) and 25-34 (30%) year old males.

Across the North East and Newcastle the rates of syphilis show no pattern by multiple deprivation quintile. This was also the case for positivity rates across the quintiles.

Tests for syphilis have increased between 2010 and 2014, but positivity rates have remained stable over the same period, with a 0.38% positivity rate at Newcroft Centre compared to 0.32% across the North East. 0% of cases in Newcroft Centre during 2014 had a previous infection in the preceding 12 months. This is lower than North East average of 0.8%.

Enhanced surveillance data shows that of the cases diagnosed via the Newcroft Centre, 54% of cases were infectious compared to 65% in the North East during 2014. Over the same period 44% of syphilis cases had a concurrent STI and 58% were presenting with symptoms.

HUMAN IMMUNODEFICIENCY VIRUS (HIV)

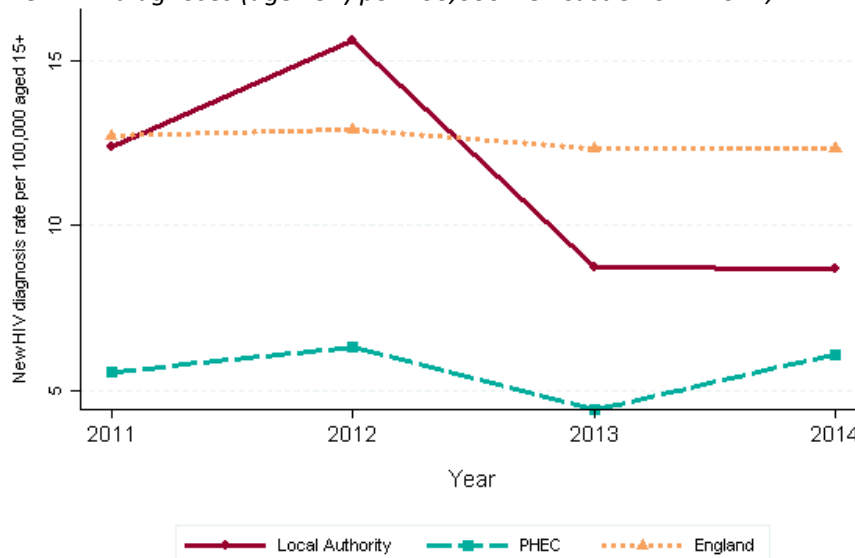
An Estimated 107,800 people were living within HIV in the UK in 2013. Men who have sex with men and black Africans are the groups most affected by HIV infection. The number of infections acquired through injecting drug use and mother-to-child transmission remains low. Around a quarter of people estimated to be living with HIV are unaware of their infection and remain at risk of passing it on if engaging in unprotected sex. Early diagnosis and treatment, alongside high quality healthcare provision can lead to a near-normal life span, whilst those diagnosed late have a ten-fold increased risk of death in the year following diagnosis.

In 2014, the diagnosed prevalence rate in Newcastle was 2.0 per 1000 (aged 15-59 years), compared to 2.2 per 1000 in England. There were 394 adult residents receiving HIV related healthcare during the same period, of those 67% were male and 33% female. Among these, 56% were White, 33% black African and

1.2% black Caribbean. Estimates show that around 45% were exposed and probably acquired their infections through sex between men, and 51.3% through sex between men and women.

Where residence information was available (85% of cases nationally), there were 21 adults newly diagnosed with HIV in 2014 within Newcastle. The rate of new diagnosis per 100,000 (aged 15-59 years) was 8.66 in Newcastle compared to 12.34 in England (figure 9). Due to small numbers it is not possible to provide a breakdown of transmission route at local authority level.

Figure 9: Rates of new HIV diagnoses (age 15+) per 100,000 Newcastle 2011-2014, PHE LASER Report 2014



Source: Survey Of Prevalent HIV Infections Diagnosed (SOPHID)
HIV and AIDS New Diagnoses Database (HANDD)
The new HIV and AIDS reporting system (HARS)

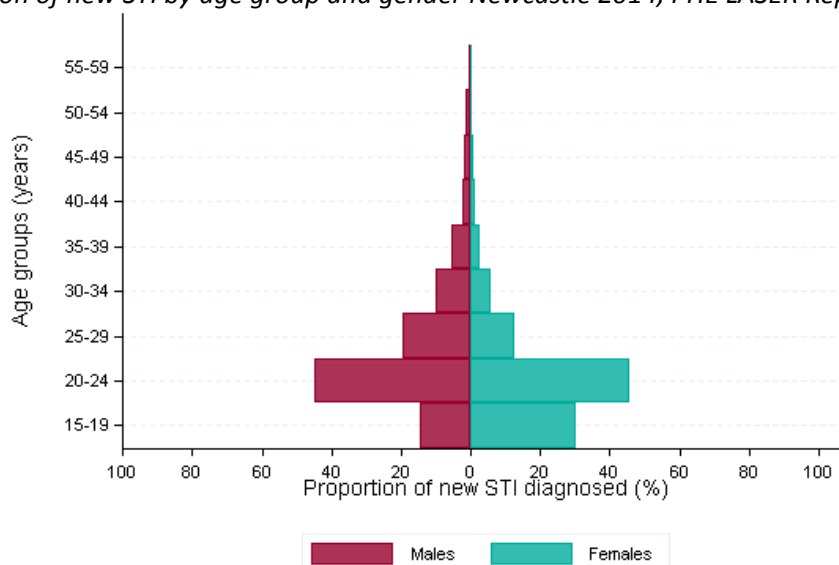
Late diagnosis is the most important predictor of HIV-related morbidity and short-term mortality, and forms a critical component of the Public Health Outcomes Framework. In Newcastle, between 2012 and 2014, 40.5% of HIV diagnoses were made at a late stage of infection compared to 42% in England. 38% of men who have sex with men and 43.8% of heterosexuals were diagnosed late.

In 2014, an HIV test was offered at 60% of eligible attendances at GUM clinics among residents of Newcastle, and where offered this was completed in 89% of these attendances. This compares to 80% offered nationally, with an uptake of 78%. For the same period, 62% of eligible GUM patients among residents in Newcastle were tested for HIV compared to 69% nationally.

STI PREVENTION GROUPS

Young people aged between 15-24 years' experience the highest rates of new STIs. In Newcastle, 68% of new STI diagnoses made in GUM clinics were in this age group (figure 10). They are also more likely to become re-infected with an STI; 13.2% of 15-19 year old women and 13.6% of 15-19 year old men presenting with an STI between 2010 and 2014 became re-infected within the following 12 month period. Teenagers may be at risk of re-infection because they lack the skills and confidence to negotiate safe sex. As highlighted earlier, the NCSP (aged 15-24 years) in Newcastle has a high detection rate, above the PHE target of 2,300 per 100,000 which reflects success at identifying infection (often asymptomatic) that if left untreated may lead to serious reproductive health problems.

Figure 10: Proportion of new STI by age group and gender Newcastle 2014, PHE LASER Report 2014



Source: Data from Genitourinary Medicine Clinics
*Please note that to prevent deductive disclosure the number of STI diagnoses has been rounded up to the nearest 5

For cases in men where sexual orientation is known, 18% of new STI diagnoses in Newcastle were amongst **men who have sex with men**. This has increased from 13% in 2010.

The proportion of new STI diagnoses by **ethnic groups** is shown in table 4 below. Where recorded, 14.2% of new STIs diagnosed in Newcastle were in people born overseas.

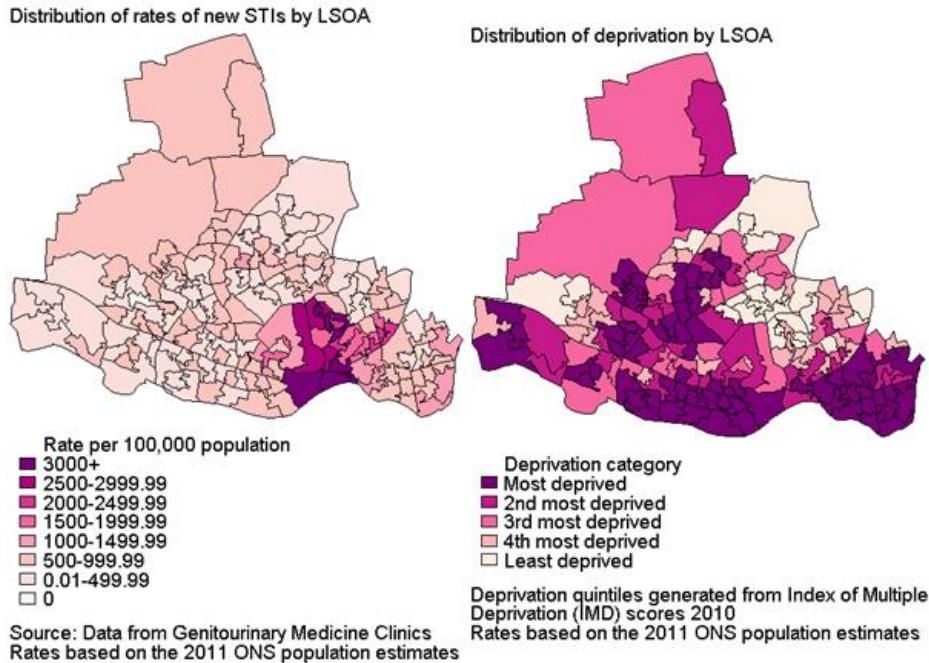
Table 4: Proportion of new STIs by ethnic group (GUM only) 2014, PHE LASER Report 2014

Ethnic Group	%
White	80.7
Black or Black British	1.8
Asian or Asian British	2.0
Mixed	2.2
Other ethnic groups	2.9
Not specified	10.4

Source: Data from Genitourinary Medicine clinics. Excludes chlamydia diagnoses made outside GUM

Socio-economic **deprivation** is a known determinant of poor health outcomes, and this is reflected in a strong positive correlation between rates of new STIs and the index of multiple deprivation across England. The relationship between STIs and deprivation could be influenced by a range of factors including the provision of and access to healthcare, education, awareness, health-seeking behaviour and sexual behaviour. The map shown in figure 11 highlights rates of new STIs and deprivation across Newcastle. The proportion of new STIs within Newcastle are highest within the most deprived areas (33.6%) compared to the least deprived (15.2%), with the lowest rates seen in the 3rd most deprived category (8.6%).

Figure 11: Rates of new STIs and deprivation by LSOA* Newcastle 2014, PHE LASER Report 2014



* Lower Layer Super Output Areas (LSOA) are built from groups of contiguous Output Areas and have been automatically generated to be as consistent in population size as possible, and typically contain from four to six Output Areas. The minimum population is 1,000 and the mean is 1,500.

Summary: Sexually Transmitted Infections (STIs)

Sexually Transmitted Infections

- Newcastle ranks within the top 20% of areas nationally within the highest burden of disease. There were 3,415 new STIs diagnosed in residents of Newcastle during 2014, a rate of 1190.6 per 100,000 (England: 797.2 per 100,000)
- An estimated 7.8% of women and 10.5% of men became re-infected with a new STI within 12 months, compared to 7% of women and 9% of men nationally. This is an indicator of risk-taking behaviour

Chlamydia

- Chlamydia remains the most common STI in the region and Newcastle has the highest rate of diagnoses at 395 per 100,000 in 2014 (1145 cases), an increase of 5% compared to 2013
- The ratio of female to male cases was 0.9 with the key age group of 20-24 years old. The highest proportion of positive tests for chlamydia were seen within the most deprived parts of the city (10.6%)
- Tests for chlamydia have significantly increased across the region, however there has been a significant decrease in positivity rates. Newcroft Clinic has a positivity rate of 8.42% and a re-infection rate of 7.1% compared to North East average of 5%.
- Newcastle achieved the PHE chlamydia diagnosis rate (target of 2,300 per 100,000) at 2,409 per 100,000 in 2014. Overall, 32% of the 15-24 year old population were screened across the city with an overall positivity rate of 7.6% compared to the England average of 8.3%. More tests were reported in non-GUM (57%) settings than GUM, however there was a higher positivity rate in GUM settings (10.8% vs. 5.3%)

Genital Warts and Herpes

- The number of genital warts across the North East appear to be decreasing in line with increasing uptake of the HPV vaccination, although, along with genital herpes continues to present a significant burden of STI

Summary: Sexually Transmitted Infections (STIs) continued

- Newcastle has the highest rate of first episode genital warts across the North East (247 per 100,000 – 688 cases). Cases of genital herpes remain similar to previous years across the North East with Newcastle also seeing the highest rate of first episode genital herpes (86 per 100,000 – 241 cases)

Gonorrhoea

- The number of gonorrhoea cases in the North East rose by 11% between 2013 and 2014, with the highest rate of diagnoses reported in Newcastle (93 per 100,000 – 267 cases); a 14% increase
- Local outbreaks in Northumberland, Newcastle and South of Tyne have shown transmission between young heterosexual adults which is in contrast to previous outbreaks. Dual testing via the NCSP has also proven successful in identifying asymptomatic cases
- There were 1.3 times the number of male to female cases, with key age groups of 16-24 year old females and 20-34 year old males
- Over 57% of cases from the Newcroft Centre were in men who have sex with men
- The highest rates were seen within residents living in the most deprived areas of the city (2%)
- Tests have significantly increased across the region, with an increase in positivity rates also evident. Newcroft Centre has a positivity rate of 2.23% compared to 2.18% across the North East. 4.5% of cases were a re-infection compared to North East of 3.8%

Syphilis

- The number of syphilis cases in the North East has increased by 13% between 2013 and 2014, with the highest rates in Newcastle (11 per 100,000 – 33 cases); a 10% increase
- There were 6 times the number of male to female cases, the highest ratio since 2006
- 80% of cases from the Newcroft Centre were in men who have sex with men
- Tests have increased across the region, but positivity rates have remained stable. Newcroft has a 0.38% positivity rate compared to 0.32% across the North East
- Enhanced surveillance data shows that 54% of cases were infectious compared to 65% in the North East. 44% of syphilis cases had a concurrent STI and 57% presented with symptoms

HIV

- Diagnosed prevalence in Newcastle is 2.0 per 1000 (aged 15-59), compared to 2.2 per 1000 in England in 2014
- 394 adult residents are receiving HIV related healthcare; 67% male, 56% White, 33% Black African and 1.2% Black Caribbean. Estimated 45% acquired infection through sex between men and 51% through sex between men and women
- 21 newly diagnosed cases of HIV in residents of Newcastle in 2014. Rate of new diagnosis of 8.66 per 100,000 compared to 12.34 in England
- 40.5% of HIV diagnoses made at a late stage of infection compared to 42% in England

STI Prevention Groups

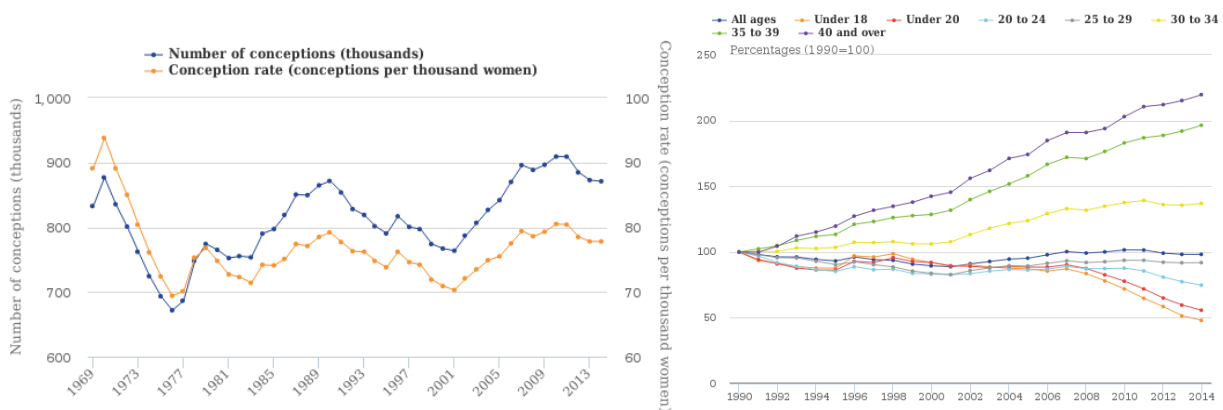
- Young people aged 15-24 years old experience the highest rates of new STIs (68% of all new STI diagnoses in Newcastle). They are also more likely to become re-infected with an STI within the following 12 month period of initial diagnosis (13.2% of 15-19 year old women and 13.6% of 15-19 year old men)
- 18% of new STI diagnoses were in men who have sex with men, increasing from 13% in 2010
- 14.2% of new STI diagnoses were in people born overseas. Where ethnicity was known, 80% of new diagnoses were in those who were White British
- Strong positive correlation between rates of new STIs and deprivation. The proportion of new STIs are highest in the most deprived areas of Newcastle (33.6%) compared to the least deprived (15.2%)

CONCEPTIONS, CONTRACEPTION AND ABORTION

CONCEPTIONS

The number and rate of conceptions (aged 15-44 years) in England and Wales has varied considerably between 1969 and 2014. The lowest rates were seen in 1976 and 2001, and the highest rates in 1970, 1990, 2007 & 2011. The number and rate of conceptions has increased steadily since 2000 (figure 12). The age at women are most likely to conceive has also changed over time. Conceptions in women over 30 have doubled since 1990, whilst teenage conceptions have decreased significantly (figure 12).

Figure 12: Number and rate of conceptions in England and Wales (left). Percentage of conceptions by age group (right). 2014, Office for National Statistics



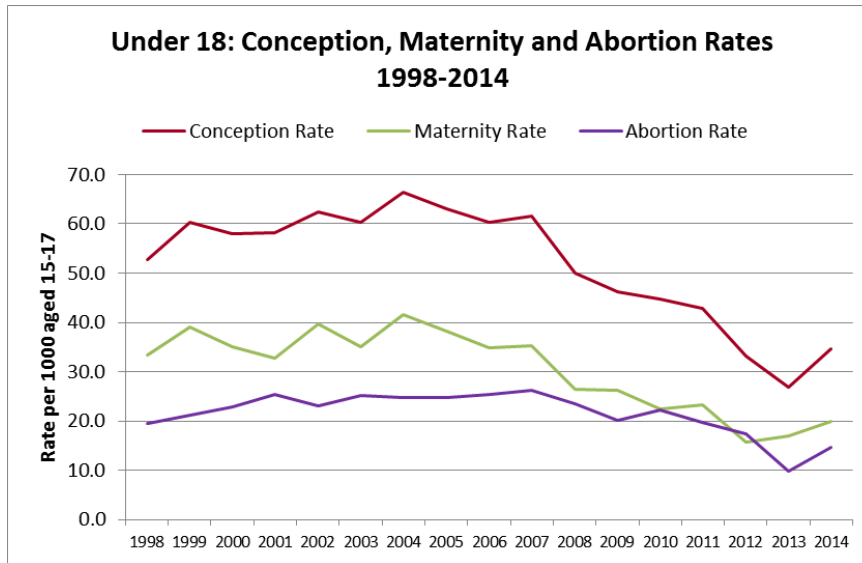
Conception rates in Newcastle are below the national (77.8) and regional average (70.5), at 63.5 per 1000 (women aged 15-44 years) during 2014. This is a decrease compared to 2009 where the rate was 70.3 per 1000. This equated to 4,215 conceptions in 2014, with 22.3% leading to abortion.

TEENAGE CONCEPTIONS

Nationally, the lowest number and rate of conceptions to women aged under 18 since comparable statistics began in 1969 were recorded during 2014 (22.9 per 1000). There has been a decline in the under 18 conception rate since 1998, with a marked decrease since 2007. Since 1998 the under 18 conception rate has decreased nationally by 51%. The fall in the conception rate in 2014 can be attributed to falls in both the conception rate leading to abortion and the conceptions rate leading to a maternity.

Within Newcastle the under 18 conception rate during 2014 was 34.7 per 1000 (151 conceptions), compared to the regional (30.2) and national (22.9) average. This has increased since the previous year (26.8 per 1000), but follows the overall decreasing trend seen nationally since 2007 (figure 13). The maternity rate over the same period was 20 per 1000, which is higher than both the regional (18.1) and national (11.3) average. 42.4% of under 18 conceptions in 2014 led to an abortion, which is a rate of 14.7 per 1000.

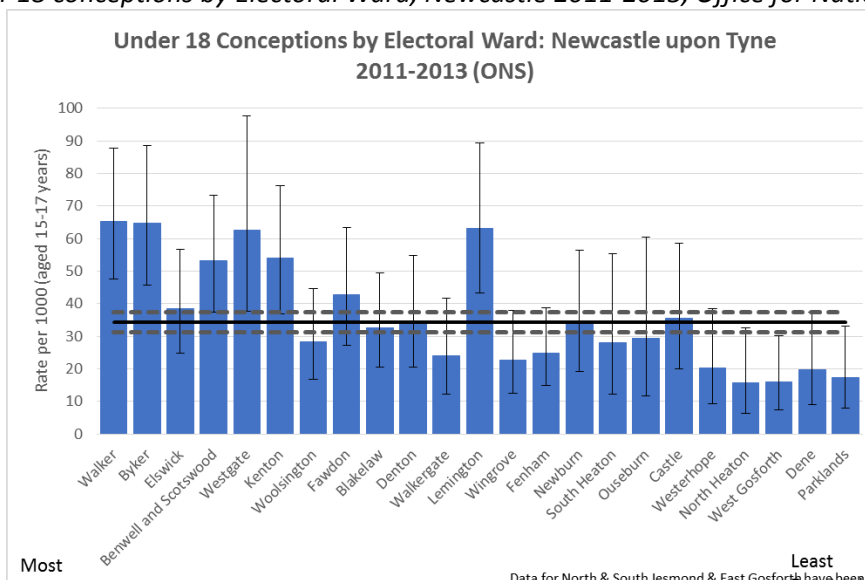
Figure 13: Newcastle under 18 conception, maternity and abortion rates 1998-2014, Office for National Statistics



Conceptions to those under 16 were at a rate of 7.6 per 1000 between 2012 and 2014 (96 actual conceptions). This is in line with the regional average (7.4), but higher than the national average (4.9). 50% of conceptions to those under 16 resulted in an abortion which is lower than the national average. The conception rate has also decreased compared to the previous period (2011-2013), in which the rate was 9.1 per 1000.

Teenage conception rates can vary widely between different wards, with a general trend towards higher rates within areas which have higher levels of deprivation. Figure 14 illustrates the variation across Newcastle. It should be noted that the highest ward level rates may not necessarily correspond to the highest actual numbers of conceptions e.g. because of the population size or the proportion of young people living within the ward.

Figure 14: Under 18 conceptions by Electoral Ward, Newcastle 2011-2013, Office for National Statistics

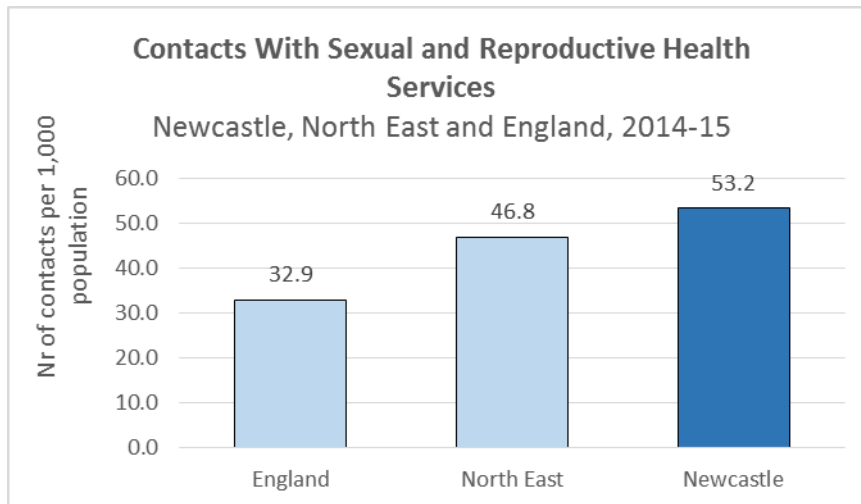


CONTRACEPTION

Nationally there were over 2 million contacts with dedicated Sexual and Reproductive Health (SRH) services during 2014/15, which is a decrease of 4% compared to 2013/14 (note this does not include GP, Pharmacy or over the counter purchases). The number of individuals attending SRH services was over 1.3

million, which is a decrease of 2% compared to the previous year. SRH Services in Newcastle received a total of 21,800 contacts during 2014/15, most of these via primary care health centres. The contact rate of 53.2 per 1000 population is higher than both the regional and national average (figure 15). It should be noted however that of the total contacts made, 71% were with people resident in Newcastle (15,400), with a further 29% resident outside of the city.

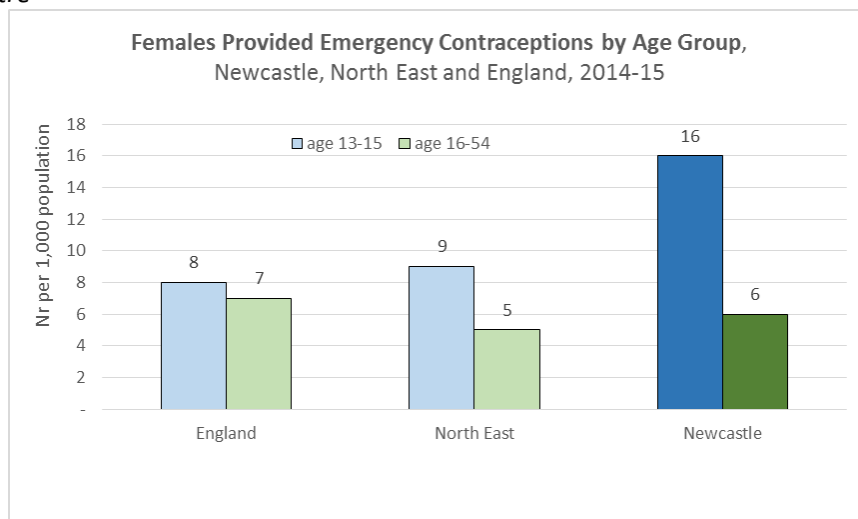
Figure 15: Contacts with Newcastle Sexual and Reproductive Health Services 2014/15, Health and Social Care Information Centre



Of those resident in Newcastle accessing SRH services, there were 10,600 individuals with an average of 1.5 contacts per person during 2014/15. 83% of individuals were female, with access most common amongst young females aged 16-24 years. In total, 10% of the overall female resident population of Newcastle accessed SRH services during 2014/15.

Emergency hormonal contraception (EHC) were provided to 600 people resident within Newcastle. Of these 83% were provided to people over 16 years of age, and 17% to under 16 years of age. This equates to a rate of 7 per 1000 females. The rate of females aged 13-15 years receiving EHC, was approximately double that of the regional and national average (figure 16).

Figure 16: Emergency contraception provision by age group Newcastle 2014/15, Health and Social Care Information Centre



7,700 females resident in Newcastle accessed SRH services for contraception purposes. Table 5 summarises the methods of contraception provided, and the proportion of females using it as their main method. The key methods preferred in Newcastle were the oral pill, followed by the implant. In general most (60%) relied on user-dependent contraception such as the oral pill or male condom, compared to

long-acting reversible (LARC) methods such as an implant, injection or IU device (IUD). The use of LARC within Newcastle and the North East is higher than the England average (37%), and nationally is seeing an increasing trend in the proportion of females using this as the main method of contraception.

Table 5: Method of contraception to females resident in Newcastle and proportion of females using it as their main method 2014/15, Health and Social Care Information Centre

Type of contraception	% of females
Intrauterine (IU) device	6
Intrauterine (IU) system	8
Implant	17
Injectable	9
Total (long-acting reversible)	40
Oral (pill)	46
Male condom	13
Female condom	-
Patch	1
Other	1
Total (user dependent)	60

Table 6 summarises all activity via SRH service during 2014/15 for those resident in Newcastle. The most accessed service is contraceptive care (69%), followed by sexual health advice, pregnancy related services and cervical screening.

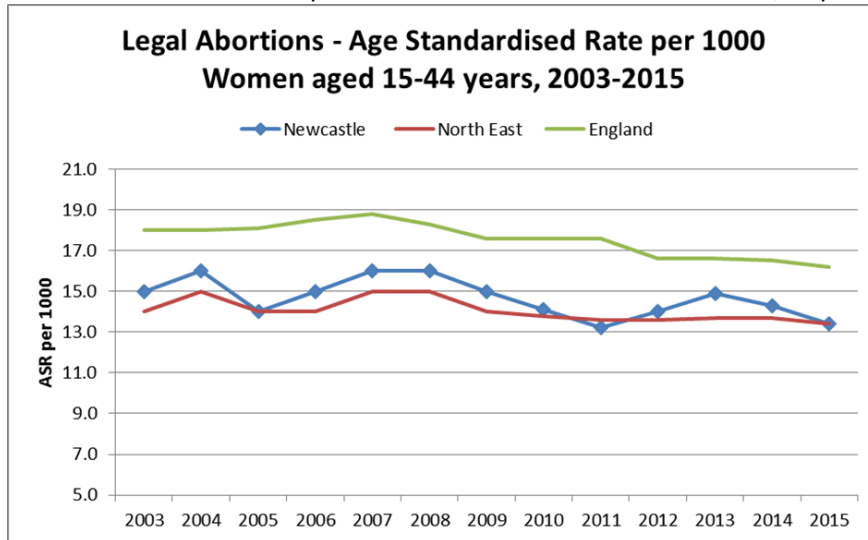
Table 6: Summary activity of SRH services in Newcastle 2014/15, Health and Social Care Information Centre

Type of service	Nr of activities (with residents)	% of total activities
Contraceptive care	13,900	66.8
Emergency contraception	600	2.9
Sexual health advice	1,900	9.1
Pregnancy related (excl. ultrasound)	1,500	7.2
Ultrasound scan	200	1.0
Abortion related	<100	-
Cervical screening	1,000	4.8
Psychosexual therapy/referral	300	1.4
Implant removal	500	2.4
IUS removal	200	1.0
IUD removal	200	1.0
PMS/menopausal related care	100	0.5
Alcohol brief intervention	<100	-
Other	300	1.4
Total activities	20,800	

ABORTION

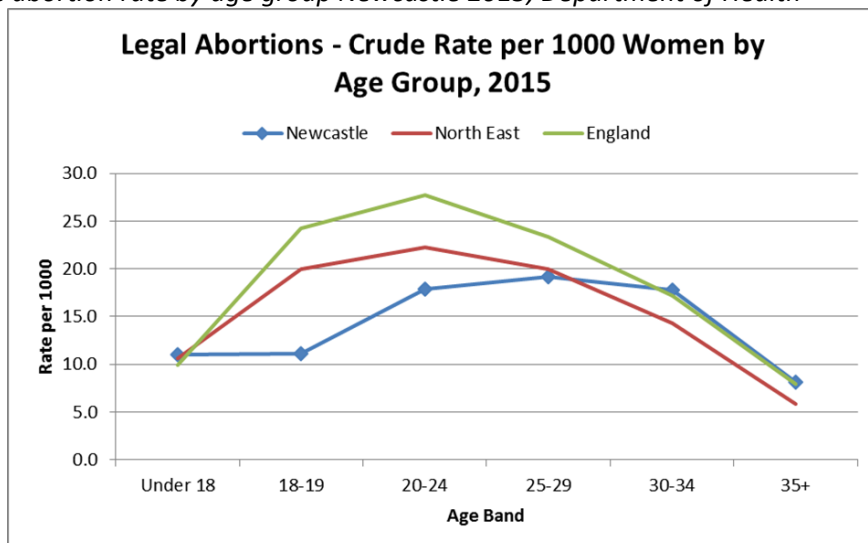
The levels of abortion in an area can indicate the effective use of contraception and access to contraceptive services; most abortions could therefore be avoided if women have knowledge of and access to contraception. It is known that around 22% of all conceptions in Newcastle lead to abortion. Nationally the abortion rate is declining, with a rate of 16 per 1000 in 2015. Within the North East this is 13.4 per 1000 and in Newcastle 13.4 per 1000. This equates to 974 abortions notified within Newcastle during 2015, a 2% increase compared to 2014 (figure 17).

Figure 17: Age standardised abortion rate per 1000 women Newcastle 2003-2015, Department of Health



Nationally the crude abortion rate is highest for women aged 20-24 years old. For this age group in Newcastle the rate was 17.9 per 1000, compared to 22.2 per 1000 in the North East and 27.7 per 1000 in England. As illustrated in figure 18 however, there is a wider spread across the age groups for Newcastle compared to North East and England, with higher rates also seen in the 25-29 and 30-34 age groups. Newcastle has a higher under 18 abortion rate at 11 per 1000, which is higher than the North East (10.6) and England (9.9) rate, but is a reduction compared to 2014 (13.4).

Figure 18: Crude abortion rate by age group Newcastle 2015, Department of Health



The earlier abortions are performed, the lower the risk of complications. Prompt access to abortion, enabling provision earlier in pregnancy is also cost effective and an indicator of service quality and increased choices around procedure. 72% of abortions in Newcastle were performed at under 10 weeks gestation compared to 80% nationally and 76% regionally.

Different methods may be used to terminate a pregnancy depending on duration of gestation and other individual circumstances. The majority of abortions in Newcastle are via the medical method (82%), which is below the North East (89%), but considerably higher than the England (54%) average. The choice of early medical abortion as a method of abortion is likely to have contributed to the increase in the overall percentage of abortions performed at under 10 weeks gestation (nationally from 60% in 2004 to 80% in 2014). Early medical abortion is less invasive than a surgical procedure and does not require the use of anaesthetics.

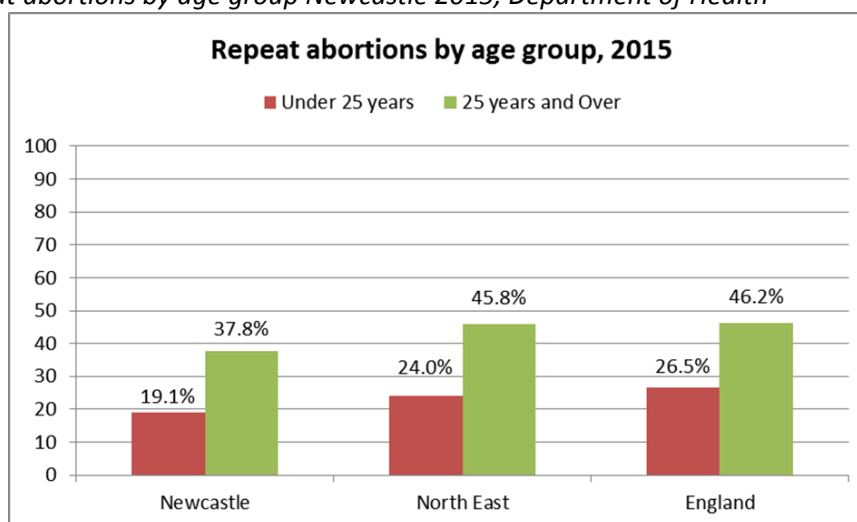
Table 7: Method of abortion by Newcastle 2015, Department of Health

	Method %	
	Medical	Surgical
Newcastle	81.5	18.5
North East	88.8	11.2
England	54.2	45.8

In 2015, 29% of women undergoing abortions in Newcastle had one or more previous abortions. This compares to 36% in the North East and 38% in England and has reduced from 34% in 2014. Repeat unintended pregnancy and subsequent abortion is a complex issue associated with increased age as it allows longer for exposure to pregnancy risks. There are variations across Local Authorities, likely due to differences in local practice relating to post-abortion contraception advice.

By age banding, there are a greater proportion of women (38%) aged 25 years and over who have had one or more previous abortions compared to under 25 year olds (19%). The proportion of women aged 25 years and over in Newcastle with a previous abortion has reduced from 45% in 2013, and is now below both the North East and England rates (figure 19).

Figure 19: Repeat abortions by age group Newcastle 2015, Department of Health



Summary: Conception, Contraception & Abortion

Conceptions

- Conception rates in Newcastle are below the national (77.8) and regional (70.5) average, at 63.5 per 1000 women aged 15-44 (4,215 conceptions) during 2014. A decline from 70.3 per 1000 in 2009
- Nationally the under 18 conception rate has declined 51% since 1998 and is currently the lowest on record. The under 18 conception rate in Newcastle in 2014 was 34.7 per 1000 (151 conceptions) compared to the regional (30.2) and national (22.9) average. 42% resulted in abortion. Under 16 conception rate is higher than the regional (7.4) and national (4.9) average at 7.6 per 1000 between 2012 and 14 (96 conceptions). 50% resulted in an abortion which is below the average
- Teenage conceptions vary widely across the wards in Newcastle, with a trend toward higher rates in areas with higher deprivation levels

Contraception

- Sexual and Reproductive Health Services in Newcastle received a total of 21,800 contacts during 2014/15, most via primary care health centres. This is a rate of 53.2 per 1000, which is higher than both the regional and national average

Summary: Conception, Contraception & Abortion continued

- 10,600 individuals were resident in Newcastle (71% of overall contacts), with an average of 1.5 contacts per person. Most were female (83%) aged 16-24 years. In total 10% of the overall female population accessed services during 2014/15
- Emergency contraception were provided to 600 people resident in Newcastle, 83% were over 16 years of age. The rate of females aged 13-15 years receiving EHC is approximately double that of the regional and national average
- Of those accessing for contraception purposes (7,700), 60% rely on user-dependent methods (oral pill, condom). The use of LARC (40%) within Newcastle is higher than average
- The majority of contacts with SRH services were for contraception (69%), followed by sexual health advice, pregnancy related services and cervical screening

Abortion

- 22% of all conceptions in Newcastle lead to abortion. In 2015 there were 974 abortions notified within Newcastle, a rate of 13.4 per 1000. This compares to 16 per 1000 nationally
- The highest rate was seen within 25-29 year olds (19.2 per 1000), with a decrease in the rate of under 18 abortions from 13.4 per 1000 in 2014 to 11 per 1000 in 2015; higher than average
- 72% of abortions were performed at under 10 weeks gestation; lower than the national average (80%). The majority were performed medically (82%) rather than surgically
- 29% of women undergoing abortion in 2015 had one or more previous abortion compared to 38% nationally. This was highest amongst those over 25 years old (38%) compared to those under 25 (19%)

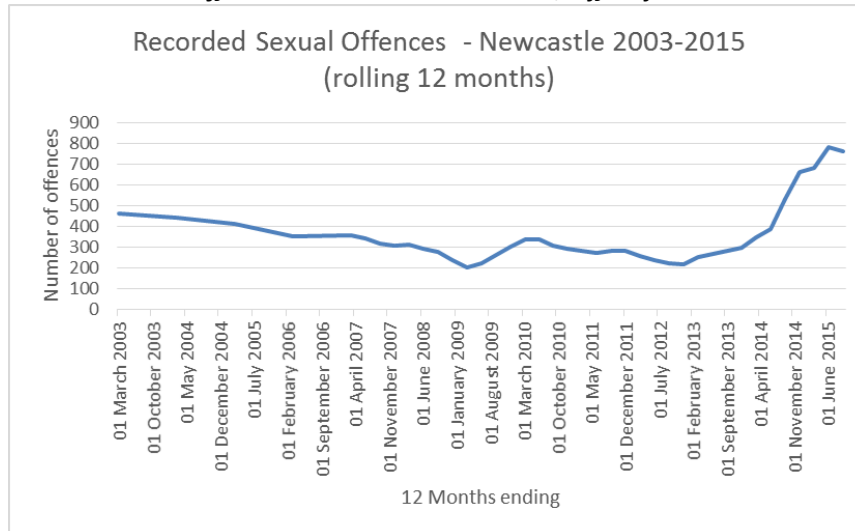
SEXUAL VIOLENCE

It is difficult to obtain reliable information on the volume of sexual offences as it is known that many of these offences go unreported to police compared to crimes of other types. Nationally police recorded crime figures show an increase of 36% in all sexual offences for the year ending September 2015, compared with the previous year, reaching the highest volume recorded since the introduction of the National Crime Recording Standard (NCRS) in April 2002.

Within Newcastle, there were 760 sexual offences recorded for the year ending September 2015, compared to 530 in the year ending September 2014 (43% increase). This is also the highest volume recorded since the introduction of the NCRS (figure 20). Sexual offences up to September 2015 account for 3% of overall reported crime in Newcastle.

The rises in the volume of sexual offences recorded by the police should be seen in the context of a number of high profile reports and inquiries, which is thought to have resulted in police forces reviewing and improving their recording processes, alongside reporting of historical offences as a result of victims willing to come forward following extensive media coverage.

Figure 20: Police recorded sexual offences Newcastle 2003-2015, Office for National Statistics



The Crime Survey for England and Wales has published representative information on the number of sexual assaults that people have self-reported in the previous 12 months (regardless of being reported to police). Based on this information it is estimated nationally that the proportion of people who had been victims of sexual assaults had not significantly changed compared to the previous year (1.7%) and have remained stable over the last 10 years. Estimates of the proportion of people who were victims of rape or attempted rape have also remained unchanged (0.3%). This provides further evidence that changes in the willingness of victims to report and the police response are likely to be responsible for the increase in police recorded sexual offences rather than an increase in levels of victimisation.

Summary: Sexual Violence

- Nationally police recorded crime figures show an increase of 36% in all sexual offences up to September 2015, the highest since recording begun in 2002
- There were a total of 760 sexual offences recorded in Newcastle in the same period; a 43% increase, and also the highest on record
- The rise in the volume of police recorded sexual offences should be seen in the context of a number of high profile reports and inquiries, which have led to police forces reviewing and improving their recording, alongside reporting of historical offences as a result of victims willing to come forward following extensive media coverage
- The crime survey for England and Wales, shows that nationally the proportion of people who reported they have been victims of sexual assault has not significantly changed compared to the previous year (1.7%). Estimates of those who are victims of rape also remains unchanged (0.3%) suggesting the increase in police recorded crimes is due to a change in police response and willingness of victims to report rather than an increase in levels of victimisation

SEXUAL HEALTH SERVICES AND UTILISATION

The Local Authority is responsible for commissioning comprehensive, open access, sexual health, contraception and STI testing and treatment services, for the benefit of people of all ages present in the City. This includes residents of Newcastle and those visiting or working in the area.

In addition, the Local Authority is responsible for paying for services received by Newcastle residents in other Local Authority areas as part of their open access arrangements. For example, a Newcastle resident may use a London service for diagnosis and treatment of sexually transmitted infections, and Newcastle City Council will be invoiced.

Current Service Provision

Sexual health services are currently commissioned from a range of providers across the city. This helps to ensure that services are accessible to everyone who needs to use them and that, where appropriate, services are targeted to particularly vulnerable groups such as young people, men who have sex with men (MSM) and people from black and minority ethnic (BME) groups.

The following services will be included as part of the service review and will be considered as part of the future procurement. Please note that service performance data may differ to that of the national statistics presented earlier in this document. This could be for several reasons, such as different time periods, data sources, and a lack of data cleansing / allocation of residents from elsewhere across the country which are carried out at the national level:

Newcroft Sexual Health Service

This service is provided by Newcastle upon Tyne Hospitals NHS Foundation Trust (NUTHFT) and provides an integrated service that is free at the point of access, and comprises of sexual health screening /testing, treatment, advice and provision for a wide range of contraceptive methods, including emergency contraception. This is the “hub” of sexual health service provision in Newcastle. The service consists of a main central ‘hub’ clinic where complex level 3 and level 2 services are mostly delivered.

The service also see patients with complex needs such as difficult IUD/IUS fits, deep implants, chronic pelvic pain, menopause difficulties psychosexual counselling and complex STI’s. In addition the service runs dedicated young people’s clinics, two of which are in partnership with the voluntary sector. Outreach services are offered for some vulnerable populations, including sex workers and people with learning disabilities.

The service at Newcroft is fully integrated, which means that a patient attending for a genitourinary medicine (GUM) service will receive a contraceptive service (advice and provision of contraception if applicable) and visa-versa. In the current contract, attendances for GUM are paid by a tariff for activity (with separate rates for new attendances and follow up attendances), whereas attendances for contraception and sexual health are delivered under a block contract.

The service provides a range of different clinics and walk in appointments as well as outreach. [Please refer to appendix 1 for a map of services and opening times]

In addition NUTHFT also provide a specialist sexual health promotion service which coordinates the delivery of C-Card service to enable young people aged 13 -25 to access free condoms. The service also leads on HIV prevention work.

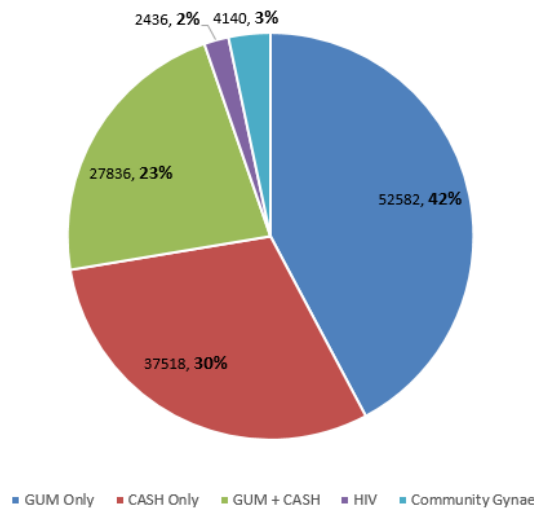
An additional service commissioned as part of the service at Newcroft is the “Teenage Kicks” service. The aim of this service is to provide a young person centred approach to the development, delivery and evaluation of a programme of initiatives targeted at those identified as being at greatest risk of early unintended pregnancy and poor sexual health.

A specialist nurse for people with learning disabilities is employed within the trust to provide high quality care and support to individuals with learning disabilities in relation to their sexual health and to increase the knowledge and skills of staff working with people with learning disabilities about sexual health.

Data provided by Newcastle upon Tyne Hospitals Trust shows that between April 2013 and March 2016, there were a total of 127,627 attendances for sexual health services (average of 42,542 per year). Figure 21 shows the attendance type, with the majority (42%) for GUM only, followed by CASH only (30%) and GUM + CASH (23%). The majority of attendances were for new or follow-up visits to GUM / CASH (90%).

Figure 21: Newcroft Sexual Health Service Attendances by type 2013-16, Newcastle upon Tyne Hospitals Trust

Newcroft Sexual Health Service Attendances 2013-2016



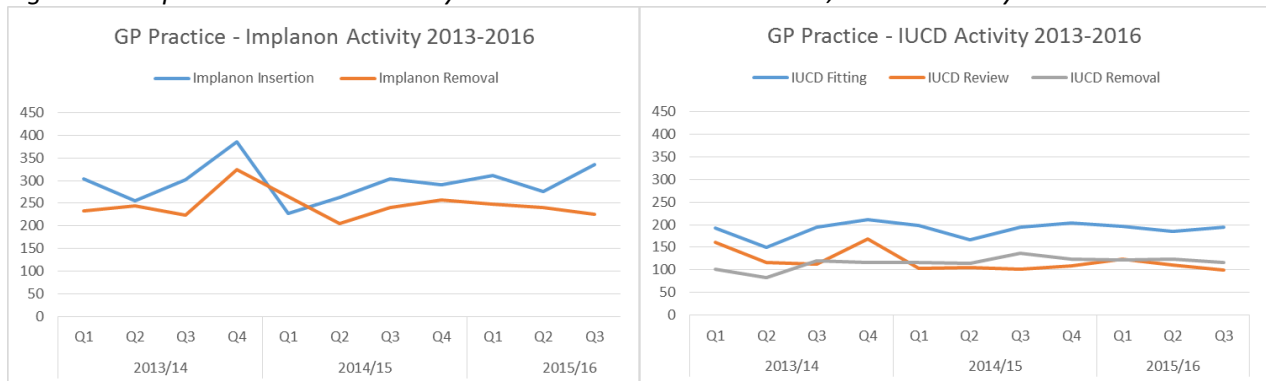
68% of attendees were female and 32% male. The key age groups were 16-24 years (56%) and 25-34 years old (25%). The majority of attendees aged 16-44 years are female (74%), with more male attendees in the 45-75+ age group (56%). Where ethnicity was known, 77% of attendees were White British. Of those who stated their sexuality, 73% were heterosexual, 7% were homosexual, and in 18% of cases this was unknown. 71% of attendees were resident in Newcastle / Gateshead.

General Practice

All GP practices are required to provide a minimum level of sexual health services as part of their GMS/PMS contract with NHS England. This includes giving advice about the full range of contraceptive methods, and the prescribing of contraceptive pills and injections, but excludes some LARC methods. Through an additional contract with Newcastle City Council, 30 practices will also fit intrauterine devices, and fit and remove contraceptive implants. Practices will also receive payment for any chlamydia screening for young people aged 15-24. [Please refer to appendix 2 for a map of GP practices]

Activity data provided by GP practices as part of the claims process with Newcastle City Council provides information on the insertion and removal of Implanon and IUCD, but unfortunately does not provide any further information such as demographics. The charts below show activity across all GPs signed up to provide these services, though it should be noted that activity will vary across practices based on register size, patient choices and staff availability.

Figure 22: Implanon and IUCD Activity across GP Practices 2013-2016, Newcastle City Council



As highlighted in figure 22, 56% of activity related to Implanon and 44% to IUCD. There were a total of 3,253 Implanon insertions carried out by GP practices between Q1 2013/14 and Q3 2015-16, an average of 1,084 per year. There was an even split between those under 25 years and over 25 years old who received Implanon. Over the same period there were 2,707 removals, an average of 900 per year.

2,086 IUCD fittings were completed by GP practices between Q1 2013/14 and Q3 2015-16, an average of 695 per year. Over the same period there were 1,315 IUCD reviews (average 438 per year) and 1,274 removals (average of 424 per year).

Data provided by Public Health England shows that GP prescribing of LARC per 1,000 is significantly higher in Newcastle than the North East (26.7) and England (32.3) average at 34.2 per 1,000. This has increased since 2011, in which it was 29.4 per 1,000, and follows the overall increasing trend seen nationally.

Data from CTAD shows that of the total chlamydia tests carried out in Newcastle during 2014/15, 2,717 originated from GP practices (14.5% of total tests). The positivity rate of tests undertaken in GP practices was 5.4%, compared to the Newcastle average of 7%.

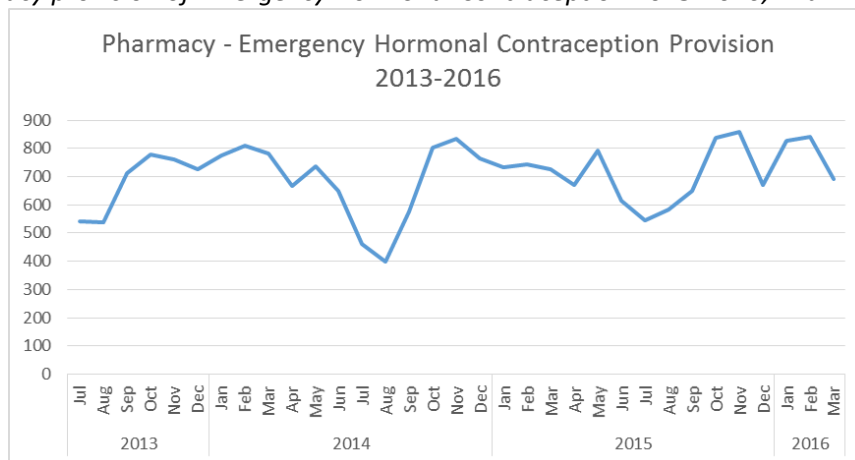
Pharmacies

46 of the sixty five pharmacies in Newcastle are able to offer free sexual health services. This includes emergency hormonal contraception for women of all ages, chlamydia testing and treatment and free condoms with a C-card for young people. Long opening hours and high street locations make pharmacies easily accessible for young people. [Please refer to appendix 3 for a map of pharmacies]

Both the GP and the Pharmacy service are funded on a “spot purchase” basis.

Activity data provided by pharmacies as part of the claims process with Newcastle City Council provides information on the provision of emergency hormonal contraception. Figure 23 highlights the number of contacts for EHC between July 2013 and March 2016.

Figure 23: Pharmacy provision of Emergency Hormonal Contraception 2013-2016, Pharmoutcomes



There were a total of 8,580 contacts during 2015/16, an increase compared to 2014/15 in which there were 8,096. There are noticeable dips in the number of contacts particularly in July and August which coincides with the summer holiday period. The key demographics of those in contact for EHC are White (80%) females age 16-24 years (60%) followed by 25–34 year olds (24%). Most contacts for EHC are due to unprotected sex (48%) or a failed condom (40%), and typically present within 24 hours (73%) or 24 – 48 hours (20%) of the incident. Nearly a third (29.5%) have used EHC previously. All but 4% of cases receive EHC after assessment has been carried out. There appears to be low uptake of chlamydia tests (6%) or condoms (7%) being supplied due to them either not being offered by the pharmacy, or the patient refusing to accept. 5% of patients are referred for ongoing contraception advice or sexual health screening.

Data from CTAD shows that of the total chlamydia tests carried out in Newcastle during 2014/15, 94 originated in pharmacies (0.5% of total tests). The positivity rate of tests undertaken in pharmacy was 4.2%, compared to the Newcastle average of 7%.

LARC provision is available via pharmacy, however due to a limited number of pharmacists who are trained this service is not actively promoted.

Specialist advice and support

Services are commissioned from voluntary and community sector organisations specifically for young People. These are provided through Streetwise and Children North East West End Youth Enquiry Service (WEYES). The services provide a holistic approach to young people’s sexual and emotional wellbeing, with staff from health and the voluntary sector (youth services) providing targeted (including geographically targeted) support to vulnerable young people.

In addition, Newcastle City Council is commissioned to provide advice and support for the lesbian, gay, bisexual, and transgender (LGBT) population through MESMAC. Service evaluation shows that they are able to engage with service users who would not necessarily engage with mainstream services. They provide support and advice regarding HIV diagnosis as well as a counselling service for vulnerable men and women.

Chlamydia screening and testing

Chlamydia screening is offered to 15-24 year olds as part of the national chlamydia screening programme. The current service is based with the Newcroft Sexual Health Service and consists of outreach staff, a health advisor, administrative staff and a service manager. The team provide support to practices, pharmacies, VCS organisations and termination of pregnancy services to offer chlamydia testing to their patients. This includes supplying testing kits, training staff, results management, signposting to treatment, and partner notification. The service also provides outreach work to raise awareness of chlamydia and to encourage sexually active young people to be screened. Since 2012 the service has offered dual screening for Gonorrhoea due to the increase in prevalence of this infection.

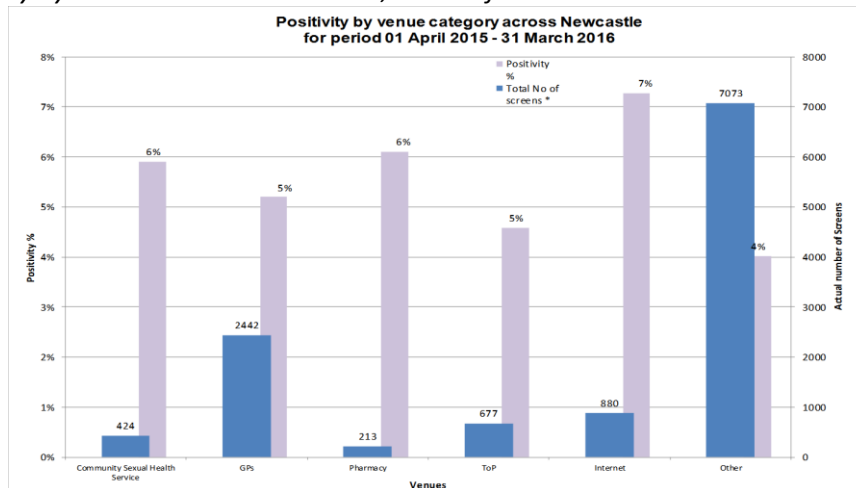
Performance data supplied to Newcastle City Council by Newcroft Sexual Health Service as part of the contract monitoring process shows a decline in the number of tests and population coverage of chlamydia screening for 15-24 year olds. There has been a year on year decline in the number of tests carried out between 2013/14 – 2015/16, from 14,939 in 2013/14 to 12,817 in 2015/16 (-14%). There has also been a decline in the population coverage, with 21.3% of 15-24 years olds in the City receiving a test (below the 30% recommendation). The positivity rate has remained stable at 5.1% across the 3 years and is within the 5-12% national range. There were also 40 cases of gonorrhoea detected as part of the dual screening.

Table 8: Chlamydia Screening Activity (15-24 years) Performance Data, Newcroft Sexual Health Service

	2013/14	2014/15	2015/16
Combined Activity Screens (CSP / Lab)	14,939	14,855	12,817
Target (Activity)	22,502	21,039	21,039
Variance on Target	-34%	-29%	-39%
Population 15-24 yrs Coverage	23.2%	24.7%	21.3%
Positivity Rate	5.1%	5.1%	5.1%

The highest rates of positive tests for chlamydia were via internet testing (7%), followed by pharmacy and CASH. The highest number of tests were carried out at “other” (e.g. outreach, schools / college, community venues) locations, however they had the lowest positivity rates (4%). More tests were carried out for females (64%) than males, with positivity rates following the average of 5% across both genders, except for 15-19 year old males in which the positivity rate was 3%.

Figure 24: Positivity by Venue Newcastle 2015-16, Newcroft Sexual Health Service



Sexual Assault Referral Centres

The Sexual Assault Referral Centre is commissioned through NHS England and in partnership with Northumbria Police. This service is provided at the Rhonda Cross Centre in Newcastle. The service is available by appointment only to men and women who have suffered a sexual assault. The centre links in with services provided at Newcroft Sexual Health Centre and voluntary agencies that support victims of rape and sexual assault.

Termination of Pregnancy Services

Termination of pregnancy services are commissioned by Newcastle Gateshead CCG and women requesting a termination can be referred to the Royal Victoria Infirmary (RVI) or to services provided by the British Pregnancy Advisory Service. Referral pathways are in place between primary care, Newcroft Sexual Health Services and the termination services to provide women with a seamless service.

Summary: Sexual Health Services and Utilisation

Newcastle Sexual Health Services

- Newcastle upon Tyne Hospitals Trust (NUTHFT) provide a fully integrated service, comprising of sexual health screening and testing, treatment, advice and provision for a wide range of contraceptive methods. There is also provision to meet complex needs such as difficult IUD / IUS fits, implants, chronic pelvic pain, menopause, psychosexual counselling and complex STIs
- Newcroft Centre is the hub clinic providing complex level 3 and level 2 delivery
- The service provides dedicated young people clinics in partnership with the voluntary sector. Outreach services are also provided for vulnerable populations
- Newcroft Clinic is open 5 days a week Monday to Friday providing walk-in services, express clinics, appointments and drop-in sessions. Hours vary per day but provision is available between 0800hrs – 1830hrs across the week, with a young person's session on a Saturday PM.
- 88% GP practices are signed up to provide IUCD / LARC in addition to the core sexual health services as part of their contract with NHS England
- 70% Pharmacies are signed up to provide emergency hormonal contraception, chlamydia screening and C-Card. Very few pharmacies are able to provide LARC due to lack of training

Sexual Health Promotion and Prevention

- NUTHFT provide a specialist sexual health promotion service which also co-ordinates delivery of C-Card service to enable young people aged 13-25 access to free condoms. They also lead on HIV prevention work and provide a specialist nurse for those with learning disabilities
- "Teenage Kicks" service is also provided by NUTHFT to develop, deliver and evaluate a programme of initiatives targeted at those identified as being at greatest risk of early unintended pregnancy and poor sexual health
- A range of voluntary and community sector organisations are commissioned specifically for young people. These include Streetwise and Children North East, providing a holistic approach to young people's sexual and emotional wellbeing. In addition Newcastle City Council is commissioned to provide advice and support for the lesbian, gay, bisexual and transgender (LGBT) population through MESMAC
- Local authorities also provide sexual health promotion and prevention through their public health, education, youth and social services, alongside national and regional campaigns

Service Utilisation

- It is not possible to indicate if there has been an increasing demand on NUTHFT services, due to a lack of annual data. In the 3 year data we received, we can see there were a total of ~128,000 attendances with the majority of visits for GUM/CASH services
- The majority of attendees were females with key age groups of 16-34 years old. Utilisation of services by people from BME groups is lower than in the general population
- 30% of attendances are from people who are not resident in Newcastle. We are unable to analyse where residents of Newcastle reside from a deprivation perspective
- The national chlamydia screening offer to 15-24 years has seen a decline in the number of tests carried out over the 3 year period, with a coverage rate of 21.3% and positivity of 5.1%
- The majority of chlamydia testing by the NCSP are carried out in other locations (e.g. schools, university, community outreach), with the highest positivity resulting from internet tests
- An average of 1,084 Implanon insertions and 2,086 IUCD fittings per year are carried out by GP practices
- GP prescribing of LARC per 1,000 is significantly higher in Newcastle at 34.2, compared to the North East (26.7) and England (32.3)
- Provision of EHC via pharmacy shows an increasing trend over the last 3 years, with White females aged 16-24 years old the key demographic. There is a low uptake of chlamydia testing or condom provision due to them not being offered by pharmacy or refused by the patient. There are very few LARC provisions due to a lack of trained pharmacists

SERVICE USERS AND STAKEHOLDER VIEWS

A consultation exercise was undertaken between 6th May and 3rd June 2016 in order to establish the views of professionals, wider stakeholders, service users and the general public around current awareness and utilisation of service alongside future development of sexual health services across Newcastle.

This included a consultation page on Let's Talk (Newcastle City Council consultation portal) with questionnaires for practitioners, GPs, Pharmacies, service users and residents. The project team worked closely with colleagues in Education, Licensing and Communities teams to promote the consultation through schools, pubs and the Youth Council. In addition there were 4 workshops with practitioners and professionals, and attendance at Staff Meetings with the main provider of the current service at Newcroft Centre, Newcastle and Gateshead CCG practice manager meetings and the North of Tyne Local Pharmaceutical Committee. Over 200 service users and professionals engaged with us as part of the review of sexual health services via these methods.

The key feedback from the consultation received by Newcastle City Council includes:

- The current service was acknowledged to be good and valued amongst both service users and professionals
- The provision of services through a range of providers, including the VCS provide good choice as well as valuable targeted support to vulnerable groups
- Promotion of services and service availability should be more widely promoted through a variety of means. Work should also be undertaken to promote services for those aged 40+, as the main provision of services via Newcroft is perceived as a service primarily for young people
- Technology, in particular the web and social media should be considered in promoting services. Consider opportunities for using a mobile app which has been adapted in other areas
- Access to the services should be more widely available, particularly at evenings and weekends. The ability to access drop-ins and same day appointments was important for service users alongside online booking of appointments
- Geographical service coverage is not felt to be equitable across the city and should be reviewed, however it was acknowledged by service users that good transport links are more important than the service being close to home
- Outreach services should be more widely available
- The knowledge and attitude of staff was very important, with confidentiality and anonymity alongside a range of services in one place seen as key features of a modern sexual health service
- Areas of good practice in the current service provision were identified that need to be retained or expanded including the service surroundings and delivery methods
- Those who currently did not attend sexual health services cited a lack of knowledge about where to find them, inconvenient opening hours or embarrassment
- Gaps identified by practitioners, suggestion to introduce professional networking events to improve understanding and promotion of service provision across all providers including primary care, ensuring clear pathways into specialist services from primary care
- An opportunity to review and map service availability and establish database of all services including pharmacies and GPs for both professionals and service users to use

Detailed feedback can be found within the separate report; *Newcastle City Council: Review of Sexual Health Services 2016 Consultation Report*.

CONCLUSION

1. Population statistics project a decrease in the young population in Newcastle over the next decade. It is unlikely however this will lead to a decrease in demand for sexual health services, as STIs in Newcastle continue to contribute a significant burden of disease, with Newcastle having the highest rates across the North East region and within the top 20% nationally
2. The population structure is influenced by large numbers of 20-24 year olds which could be linked to the student population within the city. The BME population is in line with the national average, but higher than other areas in the region. There are also areas of significant deprivation within the city
3. Young people have the highest burden of disease from STIs, with higher rates also seen in men who have sex with men, and in areas of high socio-economic deprivation
4. Conception rates in Newcastle are below the national and regional average and have declined since 2009. Teenage conception rates in England have declined significantly since 1998, a trend that is also seen in Newcastle, with a narrowing of the gap between the Newcastle and England rate. There is however significant variation across the city, with higher rates in more deprived areas
5. 22% of overall conceptions lead to abortion, with higher rates seen in under 16's (50%)
6. Contacts for sexual and reproductive health services are higher than the regional and national average, with 10% of the overall female population accessing services in 2014/15. Of those accessing for contraception, 60% rely on user-dependent methods and 40% on LARC
7. The rate of females under 16 accessing emergency hormonal contraception is approximately double that of the national average
8. Sexual offences recorded by the police have seen a 43% increase, however this is in the context of an improvement in police response and high profile inquiries into historical offences
9. Newcastle upon Tyne Hospitals Trust (NUTHFT) provide a fully integrated service, comprising of sexual health screening and testing, treatment, advice and provision for a wide range of contraceptive methods. The Newcroft Centre is the hub clinic providing complex level 3 and level 2 services, alongside outreach and dedicated sessions for young people and vulnerable groups provided in partnership with the voluntary sector. The service is available between Monday – Friday with evening sessions available up to 1830hrs
10. GPs and pharmacies are also commissioned by the local authority to deliver Implanon / IUCD fitting, emergency contraception, chlamydia screening and C-Card provision, which has been increasing year on year. Pharmacies are not currently providing LARC due to lack of training
11. Around 30% of attendees to sexual health service in Newcastle reside outside of the local authority area
12. Sexual health promotion and prevention activities are delivered by a range of partners including NUTHFT, voluntary and community sector, local authority, GPs and Pharmacies, education alongside regional and national campaigns
13. Current service provision was acknowledged to be good and valued throughout the consultation, with a range of providers enabling good choice and targeted support to vulnerable groups
14. Key areas for improvement included promotion of services more widely, through the use of technology (web, social media, app) and a focus on those aged 40+ as current provision through Newcroft perceived as a service primarily for young people
15. Access to services should be more widely available, particularly on evenings and weekends and geographical coverage should be more equitable across the city including outreach services
16. Professionals identified gaps in professional networking, which would provide opportunities to improve understanding across all providers including primary care
17. An opportunity should be taken to map service availability and establish a database of all services including pharmacies and GPs for both service users and professionals

RECOMMENDATIONS

The following recommendations are based on the findings of the health needs assessment and the consultation with stakeholders carried out in May and June 2016. These findings will inform the future commissioning of sexual health services in Newcastle:

1. Considering the high level of STIs and teenage pregnancies in Newcastle a continued high level of demand for sexual health services should be expected over the coming years
2. Any service development should take place with a particular focus on the needs of young people, people living in deprived areas, ethnic minority populations and vulnerable groups
3. Sexual health service provision should include extended opening times particularly in services with high demand and a review of the utilisation, accessibility, target groups and local need for spoke clinics and outreach across the city to achieve an equitable and accessible service meeting the needs of the local population
4. The service should be widely promoted through a variety of means, including greater use of technology, in particular the use of the web and social media
5. Development of a provider led sexual health network across Newcastle to ensure communication and cooperation between all providers of sexual health services

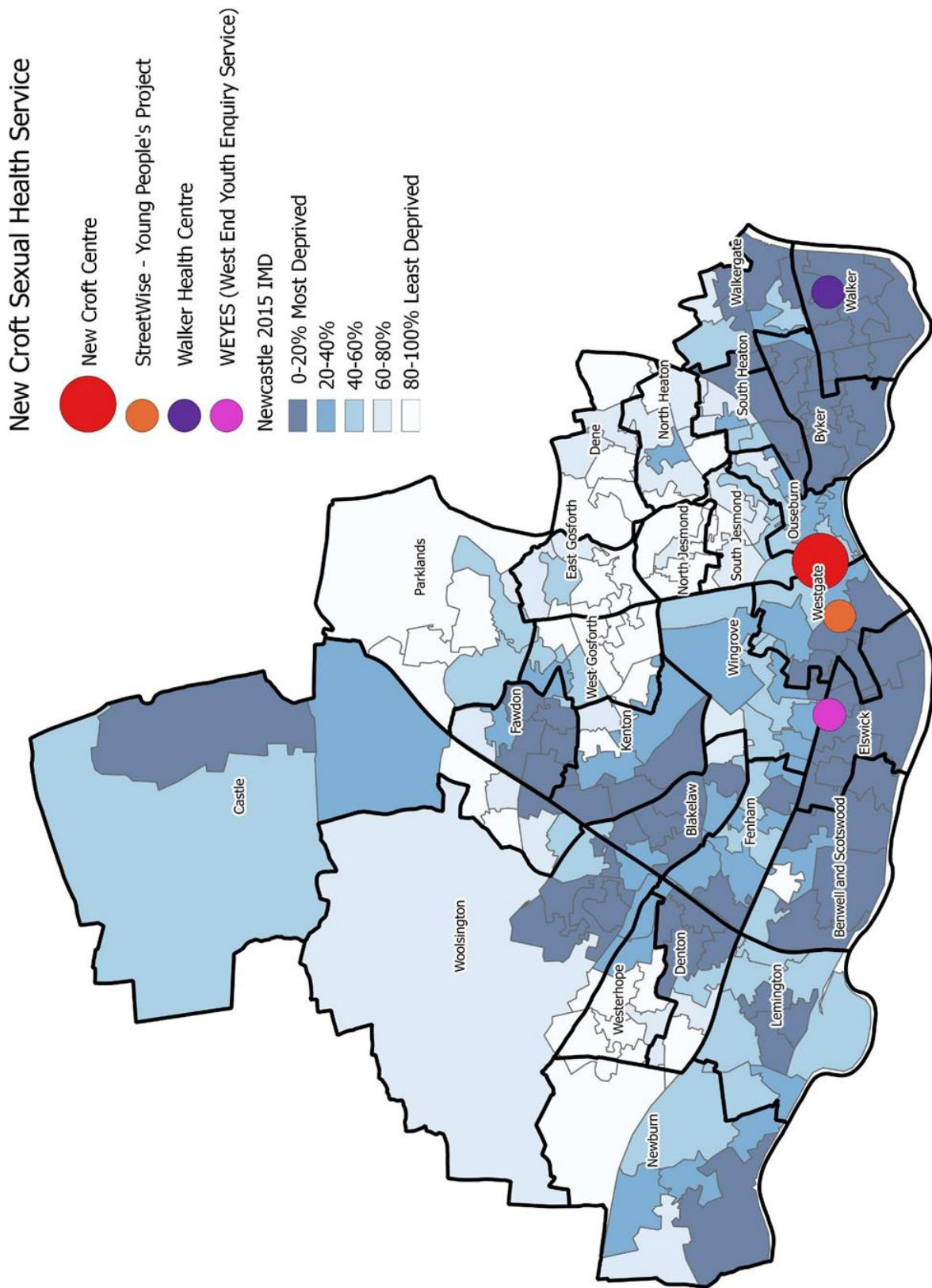
SOURCES

Key data sources used to inform this Needs Assessment include:

Source	Title
Department for Communities and Local Government	English Indices of Deprivation, 2015
Department of Health	Abortion Statistics, England and Wales 2015
Health and Social Care Information Centre (HSCIC)	Sexual and Reproductive Health Services, England 2014-15
Newcastle City Council	Newcastle Future Needs Assessment
	Contract performance data returns
Office for National Statistics (ONS)	2011 Census
	Annual Mid-year Population Estimates, 2014
	Conceptions in England and Wales 2014
	Crime in England and Wales: Year ending September 2015
Public Health England (PHE)	HIV and STI Portal (GUMCAD and CTAD)
	Newcastle upon Tyne Local Authority HIV, sexual and reproductive health epidemiology report (LASER), 2014
	North East Annual Sexually Transmitted Infections Report, 2015 Surveillance Report
	Public Health Outcomes Framework
	Sexual and Reproductive Health Profile

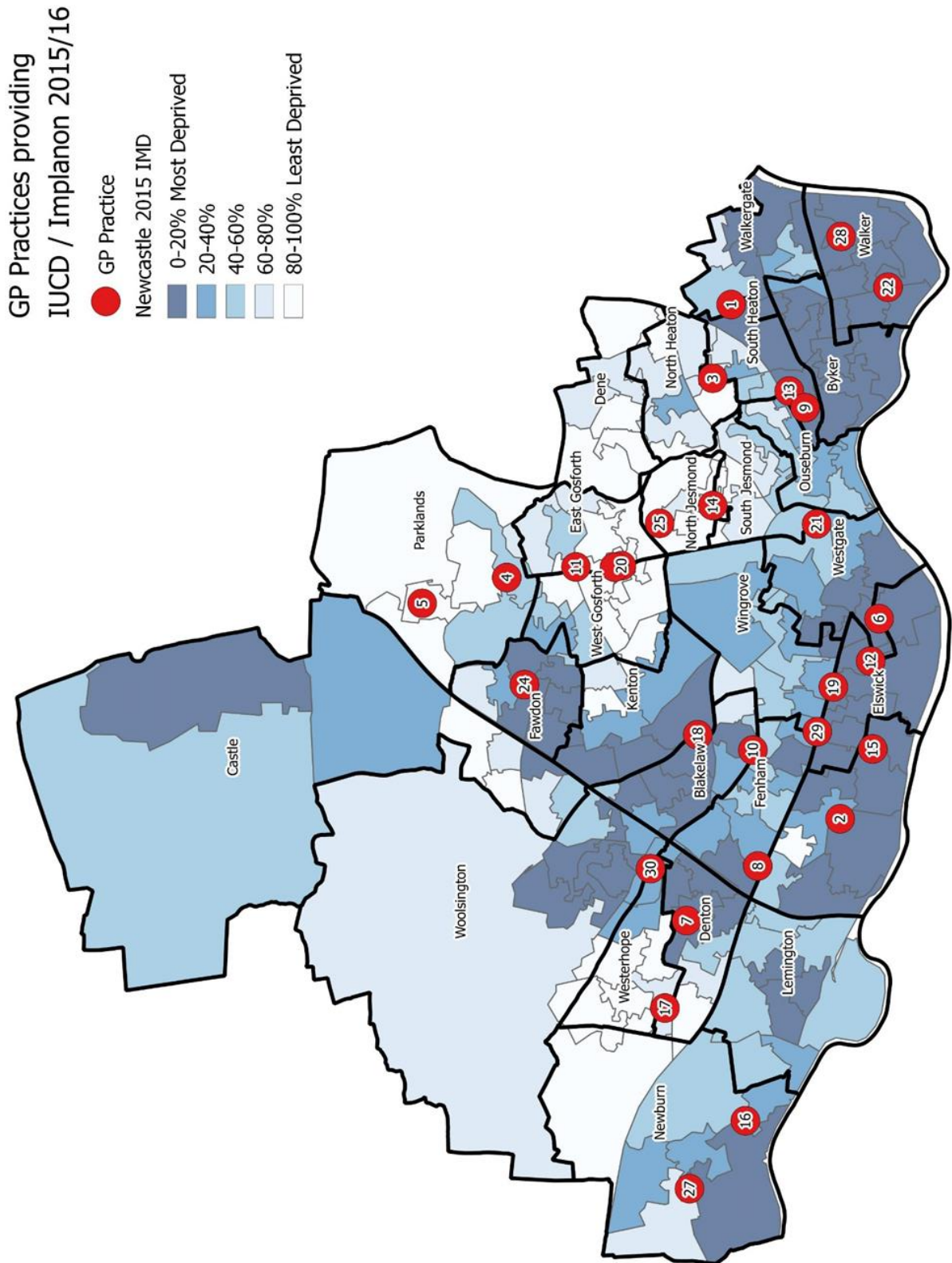
APPENDIX

Appendix 1 – Map of Sexual Health Services in Newcastle



Clinic	Postcode	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
New Croft Centre Market Street East, Newcastle	NE1 6ND	09:00 – 17:00	08:00 – 19:00	08:00 – 19:00	10:00 – 19:00	09:00 – 17:00		
○ Walk-in Services		09:00 – 13:00	09:00 – 13:00	09:00 – 13:00	10:00 – 13:00	09:00 – 13:00		
○ Express Clinic		09:00 – 15:00	09:00 – 15:00	09:00 – 15:00	10:00 – 15:00	09:00 – 15:00		
○ Appointment Clinics		09:00 – 16:30	08:00 – 18:30	08:00 – 18:30	10:00 – 18:30	09:00 – 16:30		
○ Young Person Drop-in (under 19)					16:30 – 19:00			12:00 – 15:00
Walker Health Centre Church Walk, Walker, Newcastle	NE6 3BS			13:30 – 16:00				
Streetwise – Young Peoples Project Unit 3 Blackfriars Court, Dispensary Lane, Newcastle	NE1 4XB	14:00 – 16:30	14:00 – 16:30		16:00 – 18:30	14:30 – 16:30		
WEYES (West End Youth Enquiry Service) 4 Graingerville North, Westgate Road, Newcastle	NE4 6US					15:30 – 17:00		

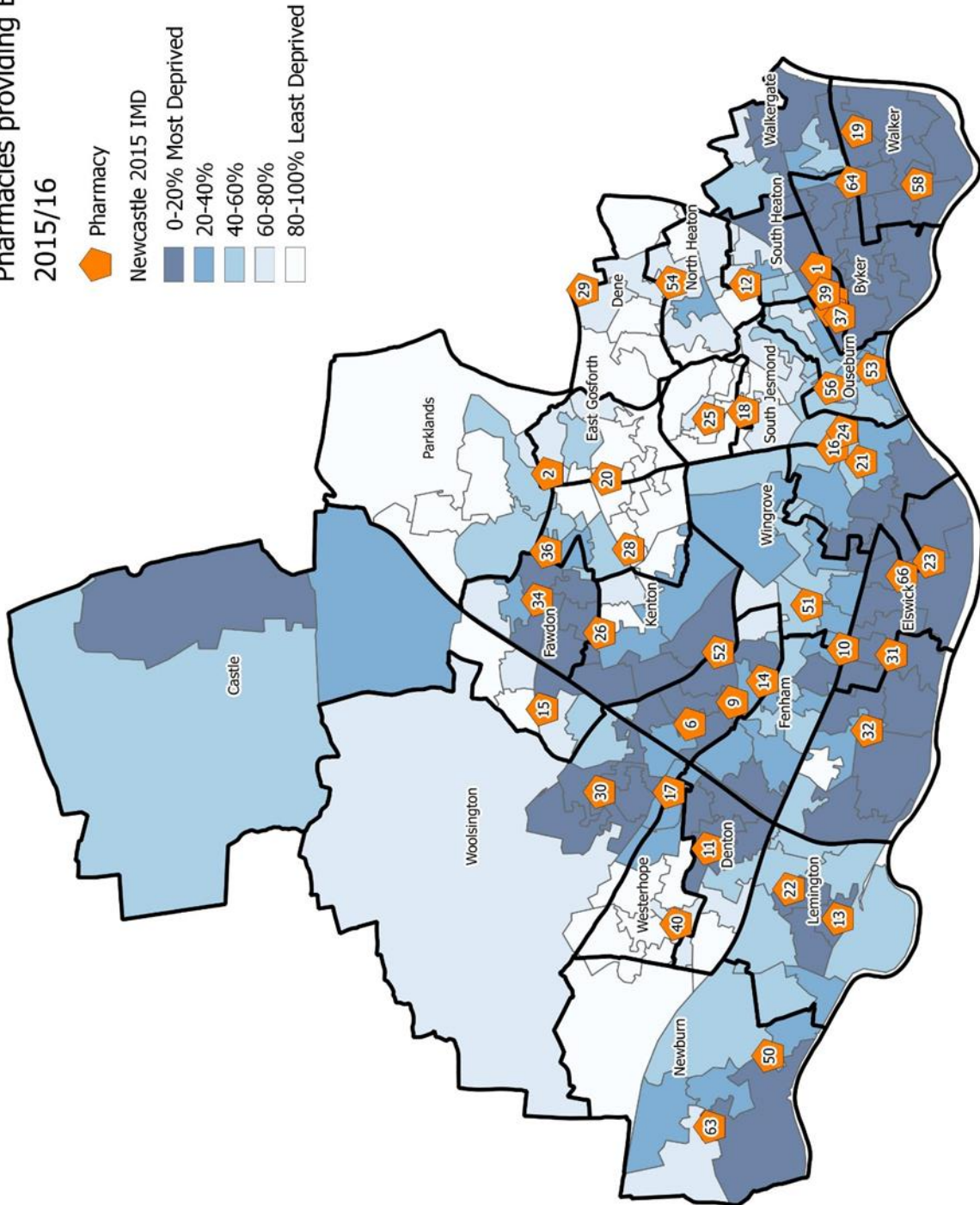
Appendix 2 – Map of GP practices providing IUCD / Implanon



Map ID	GP Practice	Postcode	Implanon insertions	Implanon removals	IUCD fittings	IUCD reviews	IUCD removals
1	Benfield Park Medical Group	NE6 4QD	Y	Y	Y	Y	Y
2	Betts Avenue Medical Group	NE156TQ			Y	Y	Y
3	Biddlestone Health Group	NE6 5SL	Y	Y	Y	Y	Y
4	Broadway Medical Group	NE3 5JP	Y	Y	Y	Y	Y
5	Brunton Park Surgery	NE3 5NF	Y	Y	Y	Y	Y
6	Cruddas Park Surgery	NE4 7JT	Y	Y		Y	Y
7	Denton Park Medical Group	NE5 2QW	Y	Y			
8	Denton Turret Medical Centre	NE5 2UY	Y	Y	Y	Y	Y
9	Falcon Medical Group	NE6 1SG	Y	Y	Y	Y	Y
10	Fenham Hall Surgery	NE4 9XD	Y	Y	Y	Y	Y
11	Gosforth Memorial Medical Centre	NE3 1TX	Y	Y		Y	Y
12	Grainger and Scotswood Medical Group	NE4 6SH	Y	Y	Y	Y	Y
13	Heaton Road Surgery	NE6 1SE	Y	Y	Y	Y	Y
14	Holly Medical Group	NE2 2AH	Y	Y	Y	Y	Y
15	Holmside Medical Group	NE4 8QB	Y	Y	Y	Y	Y
16	Newburn Surgery	NE158LX	Y	Y	Y	Y	Y
17	Parkway Medical Centre	NE5 1EH	Y	Y			
18	Ponteland Road Health Centre	NE5 3AE	Y	Y	Y	Y	Y
19	Prospect House Medical Group	NE4 8AY	Y	Y			
20	Roseworth Surgery	NE3 1NB	Y	Y	Y	Y	Y
21	Saville Medical Group	NE1 8DQ	Y	Y	Y	Y	Y
22	St Anthony's Health Centre	NE6 2NN	Y	Y	Y	Y	Y
23	The Grove Medical Group	NE3 1NU	Y	Y	Y	Y	Y
24	The Park Medical Group	NE3 2PE	Y	Y	Y	Y	Y
25	The Surgery, 200 Osborne Road	NE2 3LD	Y	Y			Y
26	Thornfield Medical Group	NE6 1SG	Y	Y	Y	Y	Y
27	Throckley Primary Care Centre	NE159PA	Y	Y	Y	Y	Y
28	Walker Medical Group	NE6 3BS	Y	Y	Y	Y	Y
29	West Road Medical Group	NE4 9QB	Y	Y	Y	Y	Y
30	Westerhope Medical Group	NE5 2LH	Y	Y			

Appendix 3 – Map of Pharmacy providing EHC / LARC

Pharmacies providing EHC / LARC 2015/16



Map ID	Pharmacy	Postcode	Plan B & Chlamydia Screening	LARC
1	Asda Pharmacy (Byker)	NE6 2XP	Yes	
2	Asda Pharmacy (Gosforth)	NE3 5BU	Yes	
6	Blakelaw Pharmacy	NE5 3RL	Yes	
7	Boots- Byker	NE6 1DN	Yes	
9	Boots-Stamfordham Road	NE5 3JE	Yes	
10	Boots-West Road	NE4 9QB	Yes	
11	Boots-West Denton Way	NE5 2QZ	Yes	
12	Boots-Heaton	NE6 5LL	Yes	
13	Boots-Tyne View (Lemington)	NE158DE	Yes	Yes
14	Boots-Two Ball Lonnen (Fenham)	NE4 9RX	Yes	
15	Boots-Kingston Park	NE3 2FP	Yes	
16	Boots- Northumberland Street	NE1 7DQ	Yes	
17	Boots-Westerhope	NE5 2LH	Yes	
18	Boots-(Osborne Road)	NE2 2AD	Yes	
19	Boots-Walker	NE6 3DP	Yes	
20	Boots-Gosforth	NE3 1JZ	Yes	
21	Boots-Sidgate	NE1 7XF	Yes	
22	Boots-The Crossway (Lemington)	NE157LA	Yes	
23	Boots-Cruddas Park	NE4 7QY	Yes	
24	Boots-Saville Place	NE1 8DQ	Yes	
25	Boots-St Georges Terrace	NE2 2SX	Yes	
26	Boots-Kenton	NE3 3RX	Yes	
28	Douglas Pharmacy Limited	NE3 4XN	Yes	
29	Fairman's Pharmacy-Benton Road	NE7 7EE	Yes	
30	Fairman's Pharmacy-Newbiggin Hall	NE5 4BR	Yes	
31	Farah Chemist (Adelaide Terrace)	NE4 8BL	Yes	
32	Farah Chemists Ltd (Delaval Road	NE156TR	Yes	
34	Fawdon Park Pharmacy	NE3 2PE	Yes	
35	Gill & Schofield Pharmaceutical Chem (Molineux Pharmacy)	NE6 1SG	Yes	
36	J and J Whittaker (Chemists) Ltd	NE3 3HQ	Yes	
37	Kerr Chemists (26 Shields Road)	NE6 1DR	Yes	
39	Kerrs Chemist (Heaton Road)	NE6 1SA	Yes	
40	Lloyds Pharmacy (Chapel House)	NE5 1LJ	Yes	
47	Medicentre Chemists	NE2 2SX	Yes	
50	Newburn Pharmacy	NE158LX	Yes	
51	Nunsmoor Pharmacy (Nuns Moor Road)	NE4 9AU	Yes	
52	Ponteland Road Pharmacy	NE5 3AE	Yes	
53	Quayside Pharmacy	NE1 2BL	Yes	
54	Sainsburys Instore Pharmacy (Heaton)	NE7 7JW	Yes	
56	Shieldfield Pharmacy	NE2 1XT	Yes	
57	St. Stevens Pharmacy (Heaton)	NE6 1SA	Yes	Yes
58	St.Anthonys Pharmacy	NE6 2NN	Yes	
60	Tesco Instore Pharmacy (Kingston Park)	NE3 2FP	Yes	
63	Throckley Chemists	NE159PA	Yes	
64	Walker Pharmacy Limited	NE6 2PB	Yes	
66	Whitworth Chemists Ltd (132-136 Elswick Road)	NE4 6SL	Yes	